

**NATIONAL QUALITY BOARD**8<sup>th</sup> February 2021

13.00 to 15.00

Virtual meeting

**MINUTES**

<b>PRESENT</b>		
Ted Baker (Chair)		Stephen Powis (Chair)
Kevin Harris	Ruth May	Hugh McCaughey
Mark Radford	Imelda Redmond	Viv Bennett
Rosie Benneyworth	Wendy Reid	Anna Severwright
Clenton Farquharson	Hugh McCaughey	Aidan Fowler
William Vineall	Jonathan Bengier	
<b>IN ATTENDANCE</b>		
Matt Neligan	Meera Sookee	Jennifer Smith
Dan Rattigan	Cathy Hassell	Dominique Black
Sarah El-Sheikha	Kate Lupton (Secretariat)	Sura Al-Quassab
Keith Ridge	Lauren Young (Secretariat)	
<b>APOLOGIES</b>		
Kate Terroni	Lee McDonough	Yvonne Doyle
<b>AGENDA</b>		
<ol style="list-style-type: none"><li>1. Welcome &amp; Minutes of Previous Meeting</li><li>2. Welcome and introductions of Patient and Public Voice Experts</li><li>3. Refreshed NQB Terms of Reference and 2021 Forward Look</li><li>4. Theme: Patient safety<ol style="list-style-type: none"><li>a) Implementation of the PHE Prescribed Medicines Review</li><li>b) CQC's Thematic Review – Do Not Attempt Cardiopulmonary Resuscitation (DNACPR)</li></ol></li><li>5. THEME: System Transformation</li></ol>		



- a) Development of ICSs
  - b) Quality oversight in ICSs
  - c) CQC Strategy
6. AOB



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

- 1.1. TED BAKER (Chair) welcomed all to the first meeting of the National Quality Board (NQB) in 2021. Attendees and apologies were noted as above.
- 1.2. The minutes of the previous meeting on 19<sup>th</sup> November 2020 were approved and agreed as a true and accurate record and would be published in due course, alongside the associated agenda and papers.

## **2. Patient and Public Voice Introductions**

- 2.1. CLENTON FARQUHARSON and ANNA SEVERWRIGHT introduced themselves as the new Patient and Public Voice Experts on the NQB. Clenton and Anna bring extensive lived experience of using health and social care services, as well as senior leadership experience.
- 2.2. The NQB formally noted the appointments and welcomed Clenton and Anna to the Board.

## **3. Refreshed NQB Terms of reference and 2021 Forward Look**

- 3.1. DOMINIQUE BLACK presented the item (paper 1). The NQB's Terms of Reference have been updated since last published in 2017. The membership has been refreshed, with the addition of the two new PPV Experts. The thematic priorities have also been revised to:
  - a) Learning and recovery from COVID
  - b) Integrated working for quality across health and social care
  - c) Preventing illness and tackling unwarranted variation and health inequalities
  - d) Patient safety
  - e) Workforce
  - f) Digital technology, research and innovation



3.2. At present, there is one working group reporting to the NQB; the National Clinical Audit and Patient Outcomes Programme. Two further working groups will be considered in the coming months: Measuring Quality, and Working Together Across Health and Social Care.

The NQB was asked to:

- a) **Note** the updated documents
- b) **Provide** feedback on the TORs and Forward Look, which will be incorporated in final drafts

3.3. Members were supportive of the revisions and provided the following feedback:

- a) Integrated working across health and social care is crucial to the work of the Board and its priorities. It is worth considering the NQB's engagement with social care organisations (e.g. ADASS) and the Quality Matters Board
- b) Access is a core priority that could be drawn out further
- c) It is important to ensure that themes such as workforce and integrated care are seen as cross-cutting, so that they are not treated in silos
- d) The focus on learning from COVID should cover both COVID- and non-COVID related care and outcomes
- e) Importance of recognising paid support (e.g. personal assistants) as part of the workforce theme

3.4. The NQB agreed to accept the Terms of Reference.

#### 4. **THEME: Patient Safety**

##### a) **PHE Prescribed Medicines Review**



- 4.1. KEITH RIDGE and SURA AI-QUASSAB provided an update on the implementation of the PHE Prescribed Medicines Review (paper 2). The following points were emphasised during the update:
- a) The pandemic has had an impact on the use of prescribed medicines. There has been a 4% increase in anti-depressant prescribing
  - b) Work has progressed in developing a commissioning framework to support optimised prescribing of medicines. This has been supplemented by a call for evidence
- 4.2. Forty-one recommendations that were made in the review and being progressed, including reducing variation, strengthening structured medication review guidance and supporting safe prescribing.

The NQB was asked to:

- a) **Note** the PHE Prescribed Medicines Review implementation programme objectives and progress. In particular to endorse the development of the commissioning framework; and
  - b) **Ensure** appropriate support, engagement and leadership from the respective NQB organisations to ensure effective implementation of the PHE Review recommendations.
- 4.3. The NQB made the following points:
- a) The cross-system approach being taken to the work is supported
  - b) The importance of considering telephone triage and online prescribing
  - c) The need to support patients when transitioning from prescribed medication and the need to train professionals in providing this support. HEE work in this area is embedded in the programme
  - d) The need to align the work with the national productivity programme



- e) The importance of building the evidence base on prescribing rates, experience and outcomes in different population groups, including BAME communities.

**b) CQC's Thematic Review – Do Not Attempt Cardiopulmonary Resuscitation**

4.4. ROSIE BENNYWORTH and VICTORIA WATKINS presented the slides for this item (paper 3). The review was commissioned by DHSC to understand the use of DNACPR during the pandemic. An Interim Report was produced in November. A Final Report is due in March. The emerging findings and recommendations were highlighted:

- a) The findings of the review must be communicated effectively. DNACPR should not be seen negatively, however it needs to be used appropriately
- b) Key findings from the review include inconsistencies in the approach to DNACPR, a need for clarity on what good looks like, and the need for all key agencies to understand the role that they play to deliver a unified approach
- c) Limited system assurance has been highlighted as an issue, alongside interoperability across systems, including primary and secondary care
- d) The review has also highlighted variation in the use of DNACPR among different population groups.

The NQB was asked to:

- a) **Note** the work undertaken to date on CQC's Thematic Review of DNACPR decisions during the COVID-19 pandemic
- b) **Provide** feedback on our emerging findings.

4.5. NQB members were supportive of the work and raised the following points:

- a) The need to ensure effective guidance and assurance is in place, based on a systematic and integrated approach



- b) The need to set out clearly what good 'looks like' in terms of health inequalities, and importance of putting people at the centre of care
- c) The need to build the evidence based on the use of DNACPR among people with protected characteristics.

## 5. THEME: SYSTEM TRANSFORMATION

### a) Development of Integrated Care Systems

5.1. MATT NELIGAN and DAN RATTIGAN were invited to introduce the Development of ICSs item (paper 4). In November 2020, NHSE-I launched a public consultation on the future vision of ICSs. An update was provided on the response to the consultation and ongoing work:

- a) The work is building on the progress to date in establishing 42 ICSs. The consultation firms up the direction of travel, with a focus on subsidiarity and partnership working including through provider collaboratives. The approach proposed is based on a balance between setting direction and local flexibility
- b) The governance proposed in the public consultation document is being reviewed. It is proposed that there will be a Partnership Board plus an Integrated NHS Board overseeing the statutory functions
- c) The legislation will cover the establishment of ICSs (to take on CCG functions) and merger of NHS England and Improvement.

The NQB was asked to:

- a) **Note** the work undertaken to date
- b) **Provide** feedback on the work, including identifying key issues and priorities

5.2. The following feedback was provided:

- a) Critical that we get quality at the heart of ICS development from the start. Quality must be the organizing principle of every ICS. There must be common



standards for quality, strong systems of governance and a collective vision for quality

- b) Clinical leadership is very important in ICSs and needs to be at a director level
- c) Important to articulate the required roles and responsibilities of ICSs regarding quality and safety
- d) Consultation document has limited reference to children and young people. A life-course perspective needs to come across stronger in future developments
- e) Engagement with people with lived experience and the public needs greater focus. The focus is on architecture and structure, rather than people
- f) What will the mechanisms be for coproduction? Can I Statements and We Statements be used to support ICS development and accountabilities? The use of Think Local Act Personal's Making It Real framework was noted
- g) The consultation document could say more about services will really be integrated on the ground. For example, how can primary care, secondary care and dental services be integrated locally?

**b) Quality oversight in ICSs**

5.3. CATHY HASSELL was invited to introduce the item on the NQB's work on quality oversight in ICSs (paper 5). A brief update was provided on the refresh of the Shared Commitment and QSG framework. The work will set out a shared vision for quality in ICSs and provide a principles-based approach to delivery of quality in ICSs.

5.4. The refreshed documents will be published in early April, with sign off via correspondence. Further work will be undertaken in 2021-22 to review new models of governance for quality in ICSs.

The NQB was asked to:





- a) **Note** the work, including the Refreshed Shared Commitment.
- b) **Provide** feedback on the work to date.
- c) **Identify** how NQB organisations can collectively support communication and delivery of the work going forward.

5.5. The NQB supported the work and agreed to provide comments and clearance by correspondence. The following feedback was provided:

- a) The need to ensure that population health data and approaches are included in the Shared Commitment
- b) The need to ensure that the work is linked into the further outputs from the national ICS development programme.

Postscript – the final published version of the [Shared Commitment to Quality](#), and the [Position Statement](#) to support Integrated Care Systems (ICSs) in embedding quality in their design, planning and decision-making, can now be found on the National Quality Board's [webpage](#).

**c) CQC Strategy**

5.6. ROSIE BENNYWORTH was invited to introduce the item on CQC Strategy with the associated paper (paper 6). A formal consultation of CQC's new strategy was launched in January 2021. The strategy is based on four themes and has a focus on integrated working and health inequalities.

The NQB was asked to:

- a) **Note** the work undertaken to date on CQC's strategy consultation
- b) **Provide** feedback on the four themes in our draft strategy
- c) **Provide** a consultation response. The consultation will close on 4 March 2021.

5.7. NQB members agreed to individually provide written feedback.



## 6. AOB

- 6.1. WILLIAM VINEAL provided an update on the Learning from Deaths Programme Board. The item was discussed at the NQB in early 2020, when it was agreed that the Programme Board would transition to a Mortality Board. The work to set up this Board was paused during the pandemic, but is being picked up again. The work of the Medical Examiners and the Healthcare Safety Investigation Branch, which is linked to the Board, has also continued during the pandemic and is making an impact. It was agreed that a comprehensive update would be discussed at the next NQB meeting in April
- 6.2. AIDAN FOWLER confirmed that the National Patient Safety Board is being developed and will oversee delivery of the Patient Safety Strategy
- 6.3. RUTH MAY and AIDAN FOWLER requested that a discussion on maternity oversight and the recommendations from the Ockenden report be scheduled for the next NQB meeting
- 6.4. The next meeting will take place on 12th April 2021.