

**NATIONAL QUALITY BOARD**

**21<sup>st</sup> November 2022**

Virtual Meeting

MINUTES

<b>PRESENT</b>		
Ruth May	Chris McCann	Rosie Benneyworth
Viv Bennett	Deborah Sturdy	Steve Powis
Lyn Romeo	Sean O’Kelly	Kate Terroni
Chris McCann	Wendy Reid	Sean O’Kelly
Susan Hopkins	Vin Diwakar	Jamie Reid
William Vineall	Yvonne Doyle	Jamie Waterall
<b>IN ATTENDANCE</b>		
Shera Shok	Habib Naqvi	Jane Sproat
Laura Holland	John Barber	Greg Ceely
Cathy Hassell	Kate Lupton	Sir Ian Diamond
Lauren Young	Lorna Squires	Victoria O’Brien
Richard Arnold	Natalie Vanderpant	Rebecca Wann
Neil Cunningham	Babaloa Abinsola	Kate Lupton
Dominique Black	Fiona Butterfield	Danny McDonnell
<b>APOLOGIES</b>		
Stephanie Somerville	Aidian Fowler	
<b>AGENDA</b>		
1. Welcome and minutes of previous meeting		
2. Update on the work of the NHS Race and Health Observatory		
3. Virtual Ward Programme Update		
4. Urgent and Emergency Care Review		

5. Update from the Office for National Statistics – The Health Index
6. Delivering a quality public health function in Integrated Care Boards
7. Any other business

## 1 Welcome and minutes of previous meeting

- 1.1. Sean O’Kelly (chair) welcomed all to the fifth National Quality Board (NQB) of 2022. Attendees and apologies were noted as above.
- 1.2. The minutes of the previous meeting on 5<sup>th</sup> October 2022 were approved and agreed as a true and accurate record. They will be published in due course, alongside the associated agenda and papers.

## 2. Update on the work of the NHS Race and Health Observatory

- 2.1. Steve welcomed Habib Naqvi to introduce the item.
- 2.2. This paper provided an update on the work of the Observatory, including its developing work programme. It presented an overview of how the Observatory’s work is driving policy change, shaping research, engaging the public, influencing leadership and providing practical support to the system.

### 2.4 The NQB was asked to:

- 1) Note the developments referred to in the paper; and
- 2) Support the Observatory by championing and raising system awareness of its work.

2.5 Ruth May asked if the work of the NHS Race and Health Observatory is doing anything to support children and young people and whether they are considering the consequences of industrial action.

2.6 Habib Naqvi said the NHS Race and Health Observatory was keen to have a workstream on children and young people and referenced the Core20PLUS5 – An approach to reducing health inequalities for children and young people. This is a national NHS England approach to support the reduction of health inequalities at both national and system level. The approach defines a target population cohort and identifies ‘5’ focus clinical areas requiring accelerated improvement.

2.7 Habib Naqvi said workforce issues could be important, particularly when linked to patient outcomes, safety and care.

2.8 Jamie Waterall offered to work together with Habib to offer some wider support to the system. He also asked how we use data and intelligence for the National Quality Board to drive the way we work.

2.9 Habib Naqvi referenced work in the US to develop an interactive digital platform, where case studies can be found in one place. He emphasised the importance of developing work which is fit for purpose for a wide range of audiences.

2.10 Steve Powis highlighted the importance of NQB raising awareness for its constituent members.

2.11 Shera Chok identified the importance of building a workforce that's confident in using data.

2.12 Lyn Romeo emphasised the importance of making sure there is an intersection of social care and children, including children from minority ethnic backgrounds.

2.13 Deb Sturdy offered to support from a social care perspective.

2.14 Habib Naqvi said he would take up the social care offer.

2.15 Chris McCann asked if the NHS Race and Health Observatory has factored in the cost of living crisis.

2.16 Habib Naqvi responded that the NHS is not the enabler of equity.

### **3. Virtual Ward Programme Update**

3.1. Sean O'Kelly invited Vin Diwakar, Jane Sproat and Laura Holland to talk to this item.

3.2. This paper provided a summary of the ambition of the national Virtual Ward programme and the objectives and outputs needed to support operational delivery. The paper highlight what good quality looks like with consideration to the NQB shared commitment to quality, the role of the national programme and sought advice and support from the NQB.

**3.3. The NQB was asked to:**

- 1) Note and discuss gaps in quality at each level of care.
- 2) Note the role of the national team and required support from NQB.
  
- 3.4. Vin Diwakar highlighted this work is being done in response to patient feedback and the importance of remaining at home. He said there was a need to improve data quality for people from ethnic minorities.
- 3.5. Jane Sproat referenced the steady growth of capacity. Capacity is not fully utilised and clinical confidence is key to maximum utilisation. She talked about the importance of trust, honesty and transparency in making virtual wards a success. There are now published core competencies that set out requirements for skills of all the staff involved in this work.
- 3.6. Laura Holland referenced the importance of digital quality oversight, having a clear incident and complaint procedure and a shared decision-making process, as would happen in a real hospital.
- 3.7. Laura Holland said a survey would be rolled out to check how quality and safety is being integrated into virtual wards. This links to the Care Quality Commission's five key questions (safe, effective, caring responsive and well-led).
- 3.8. Sean O'Kelly asked how heterogeneous virtual wards are at the moment. He also asked the virtual wards team to reflect on some of the survey questions. Some are quite closed and the survey might get better insight by asking more open questions.
- 3.9. Jane Sproat emphasised that everything for the virtual wards programme is co-produced and they will reflect on the survey questions. The programme is keen to harness digital technology to enable care.
- 3.10. Chris McCann asked whether there were appropriate links with Healthwatch, and the Virtual Wards team confirmed they have made connections with Jacob Lant.
- 3.11. Kate Terroni asked what we know in terms of outcomes for people and whether there is clinical confidence in an acute or community setting.
- 3.12. Laura Holland said early evidence shows there are good outcomes for people. Virtual wards offer the same as in-patient care, if not better. Emerging and anecdotal evidence is very promising.

- 3.13. Susan Hopkins emphasised the importance of looking at outcomes rather than pathways. She also asked whether antibiotics were handled effectively in a virtual ward setting.
- 3.14. Jane Sproat said the outpatient parenteral antimicrobial therapy (**OPAT**) team is a key component of effective delivery of virtual wards.
- 3.15. Vin Diwakar thanked the NQB for their continuing support and championing the role of virtual wards. He said the survey questions would be updated in light of Sean O’Kelly’s feedback.

#### **4. Urgent and Emergency Care Review**

- 4.1. Steve Powis **introduced** the update on the UEC review.
- 4.2. The update aimed to share with NQB the current position of the UEC review, any findings and work in place to mitigate any risks and concerns to delivery of UEC services.
- 4.3. **The NQB was asked to:**
- 1) Note and discuss the update.
- 4.4. Steve Powis explained that the urgent and emergency care (UEC) review aims to look beyond winter. There are a number of workstreams which have held their own engagement events. We are continuing to see a growing demand for UEC, and this is expected to continue. There are more people living longer with multiple conditions and this means there are growing numbers of people within the system. Prevention, self-help and digital will help, but demand pressure will continue.
- 4.5. Steve Powis highlighted the vision for citizens, ‘Right time, right care, right place’. People should only have to contact the system once. This requires a lot of co-ordination and this should be the aim. The review will aim to offer case studies to illustrate how scenarios can improve and it takes into account findings from recent publications including the Fuller stock take.
- 4.6. Steve Powis described the potential of a directory of services owned and delivered by a more local level e.g. an Integrated Care Board. This will ensure we can re-route people to appropriate sign-posted services. There is also a role for urgent treatment centers to be co-located with UEC, to support. There are too few beds available, yet there are 10-13,000 people in hospital at the moment who could be supported elsewhere.

- 4.7. Jamie Waterall asked what the plan was to reduce inequalities
- 4.8. Steve Powis referenced inequalities work being undertaken in primary care and the CORE20PLUS5, which is an approach to reducing healthcare inequalities.
- 4.9. Ruth May emphasised the importance of children and young people within this work.
- 4.10. Deb Sturdy highlighted how advanced nurse practice could be a solution here. Nurse prescribing, early intervention and advanced clinical assessment. She was keen to see how this could be part of the solution.
- 4.11. William Vineall identified the importance of doing this work now, alongside the context of the recent autumn statement.
- 4.12. Wendy Reid referenced paramedic training and thinking about how this could be developed in the workforce plan.

## **5. Update from the Office for National Statistics – The Health Index**

- 5.1 Sean O’Kelly invited Sir Ian Diamond and Greg Ceely to introduce the item.
- 5.2 This presentation set out how the ONS Health Index for England: 2015 to 2020 was published on 9 November 2022 and provides a systematic, independent view of health in England. It enables users to compare health over time and across geographies.
- 5.3 The presentation detailed how the Health Index provides a picture of health in its broadest sense recognising the importance of health outcomes, risk factors and the social, economic and environmental drivers to support health to improve now and for the longer term. It also provides a framework to understand health pre-pandemic, including whether health issues were persistent, improving or deteriorating and to explore how the pandemic impacted on health in 2020, and consider whether these changes are temporary or enduring.
- 5.4 Greg Ceely highlighted how the ONS have now published data at ICS level. They are working on producing information at smaller geographical areas.
- 5.5 Wendy Reid highlighted the importance of looking at how we invest and train where the greatest inequalities are, including the impact we could make using this data.

5.6 Ian Diamond referenced training and the potential to set up nurse training in colleges. He highlighted the importance of attracting people who are unable to travel.

5.7 Jamie Waterall asked how this work can support systems.

5.8 Ian Diamond explained how this work could be used to support the prevention agenda.

## **6. Delivering a quality public health function in Integrated Care Boards**

6.2 Steve Powis invited Jamie Waterall and Yvonne Doyle to introduce the item.

6.3 Jamie Waterall shared a short verbal update on proposed Public Health Approaches to Quality Improvement, which will be followed up with a full update to NQB on 8 February 2023.

6.4 Yvonne Doyle updated NQB on the published checklist provided by the NHS National Public Health team to support ICBs to provide a quality public health function across systems.

6.5 The NQB was asked to:

- 1) Consider how NQB members can support local Directors of Public Health to deliver a quality public health function in systems; and
- 2) Support system delivery by raising awareness.

6.6 Kate Terroni asked about the link between this item and the role of CQC.

6.7 Yvonne said she would be keen to take the opportunity to work with the CQC forward.

## **7. Any other business**

7.1 Sean O'Kelly invited Daniel McDonnell to verbally update NQB on the ICS Quality Programme.

7.2 Kate Lupton referenced a data sub-group to support the ICS work.

7.3. Daniel McDonnell explained the NQB Secretariat are developing a Forward Plan for 2023-24. He asked members to get in touch if they have items they want to cover.

7.4 William Vineall requested an item on the Prevention of Future Deaths report. He also referenced the Awaab Ishak case, where a young boy died due to poor housing conditions and the Grenfell Inquiry.

**Actions**

1. NQB Secretariat to explore how we use data and intelligence for the National Quality Board to drive the way we work.
2. Habib Naqvi to pick up the social care offer for the work of the NHS Race and Health Observatory.
3. Vin Diwakar to update virtual ward survey questions in light of Sean O’Kelly’s feedback.
4. CQC to make the link with Yvonne Doyle reference the ‘Delivering a quality public health function’ publication.
5. An item on the Prevention of Future Deaths report to be scheduled for a future meeting.