

Approved – 24 July 2024

**Minutes of the ICB Quality Committee Held on
Wednesday, 22 May 2024, 1.30pm-4.00pm
in Lune Meeting Room 1, ICB Offices, Level 3 Christ Church Precinct,
County Hall, Preston, PR1 8XB**

Name	Job Title	Organisation
<u>Members</u>		
Sheena Cumiskey	Chair/Non-Executive Member (Chair)	L&SC ICB
Professor Sarah O'Brien	Chief Nursing Officer	L&SC ICB
Kathryn Lord	Director, Quality Assurance and Safety	L&SC ICB
Dr Geoff Jolliffe	Primary Care Partner - GP, Barrow-in-Furness	L&SC ICB
Mark Warren	Local Authority Representative (LCC	Blackburn with Darwen Borough Council
Helen Williams	Interim Associate Non-Executive	L&SC ICB
<u>Attendees</u>		
Joseph Hannett	Voluntary, community, faith and social enterprise (VCFSE) Representative	VCFSE
Andrew White	Chief Pharmacist	L&SC ICB
Caroline Marshall	Associate Director of Patient Safety	L&SC ICB
Leanne Ratcliffe (Observer)	Senior Clinical Quality Officer, CYP	L&SC ICB
Kim Ciralo (Observer)	Patient Safety Manager	L&SC ICB
Davina Upson	Business Manager	L&SC ICB

Item No	Item	Action
22/ 2425	<p><u>Welcome, Introductions and Chair's Remarks</u></p> <p>The Chair welcomed members to the meeting and extended the welcome to Leanne Ratcliffe and Kim Ciralo who were observing the committee.</p> <p>It was noted that discussions had taken place between the Chair and Sarah O'Brien as Executive lead regarding the full agenda for the committee and to manage time effectively it had been agreed to focus on the items relating to Learning Disabilities and Autism as well as Children's and Young people and SEND.</p> <p>Discussion ensued relating to the committee frequency moving to bi-monthly meetings and members were asked to consider whether, given the numerous items which committee had to review, if this frequency was achievable. An alert was requested to ICB Board as the consensus was that there would be insufficient time available to review items in depth with concerns raised that the reduced reporting cycle therefore would not</p>	

	work.	
23/ 2425	<p><u>Apologies for Absence/Quoracy of Meeting</u> Apologies were received and noted from Claire Lewis, David Eva, Dr David Levy, Bridget Lees, David Blacklock, Dr Arif Rajpura and standing apologies from Roy Fisher and Debbie Corcoran.</p>	
24/ 2425	<p><u>Declarations of Interest</u></p> <p>The Chair reminded colleagues regarding the necessity to raise any declarations of interest relating to papers even if this took place during the discussion as this needed to be managed effectively, noting that the papers did provide a section to note any declarations in advance of the meeting.</p> <p>RESOLVED: That no declarations of interest were raised relating to the items on the agenda.</p> <p>(a) Quality Committee Register of Interests.</p> <p>RESOLVED: That the register of interests was received and noted.</p>	
25/ 2425	<p>• <u>Minutes of the Meeting Held on 17 April 2024, Matters Arising and Action Log</u></p> <p>The minutes from the 17 April 2024 were approved as an accurate record of discussions with the following amendments:</p> <ul style="list-style-type: none"> • That Caroline Marshall was present at the meeting and be added to the list of attendees. • The expansion to a 7-day Thrombolysis service (LTH) has been commissioned and the Trust is unable to staff the rota yet and so fully mitigate the risk associated with a limited Thrombolysis provision, as when clinically appropriate Thrombolysis is the gold standard treatment option. Noting that the risk is picked up through the ICB Specialist commissioning oversight group. <p>Joe acknowledged the approval of agenda Item 13 'Managing Long Waiting Cancer Patients' with the inclusion of the support from the VCFSE and thanked members for ensuring this inclusion was made.</p> <p>RESOLVED: That the minutes of the meeting held on 17 April 2024 were approved as a correct record with the above amendments.</p> <p>• <u>Action Log</u></p> <p>The action log was discussed and updated:</p> <p>Ref No 16.1: Patient Story (<i>Deaf Persons</i>): Kathryn advised that a response regarding actions which have been taken remains outstanding, commenting that a request had been made for a lead to bring a short overview of key points and actions taken including with mitigation. It was agreed that the action would be closed with Sarah O'Brien requesting this detail (once only) further to Kathryn providing the contact details.</p> <p>Ref No 41: 104 Day waits for Cancer/Associated Harms: Discussions on this matter are regularly undertaken through the Improvement and Assurance Groups. Agreed to close.</p> <p>Ref No 42: Vaccination Uptake: An update was provided from the referral to People</p>	SOB

	<p>Board noting that this had been discussed with Chief People Officers across the system with the process for updating and monitoring being via the monthly Improvement and Assurance Groups (IAG). Agreed to close.</p> <p>Ref No 48: Infection Prevention and Control (IPC): Vanessa Morris, IPC Lead Nurse confirmed that the PCNs have been included in this work. Agreed to close.</p> <p>Ref No 49: Aqua's QMS development for ICB: A workshop had been arranged with AQUA for 5 June 2024. Agreed to close.</p> <p>Ref No 50: Provider Reports – LSCFT: Discussions had taken place with authors to ensure the detail is included for the next reporting cycle. Agreed to close.</p> <p>Ref No 51: Risk Register (Valporate): Andrew White had discussed with Claire Moore to add to the risk register. Agreed to close.</p> <p>Ref No 53: Neurodiversity Training: David Levy had advised post April 2024 meeting that Primary Care colleague undertake this training, however Geoff Joliffe wished to receive assurance as to where this was taking place with clarification as to where this can be accessed.</p> <p>Ref No 54: Primary Care Quality Capacity: Kathryn advised a paper which outlined requirements regarding staffing, associated risks and volume of incidents was being taken to Part 2 of the ICB Board and to the ICB Executive meeting being held on 11 June 2024.</p> <p>Post meeting note: Executives have agreed to backfill some sickness in quality team and a proposal for sourcing some additional capacity form within existing vacancies is being explored.</p> <p>Ref No 55: Primary Care Quality Capacity (Risk): The risk was noted as being 16 on the Corporate Risk Register and agreed to close from the action log.</p> <p>Geoff queried the process of where to raise matters relating to whether the ICB is safe, sighting incidences being noted recently relating to blood borne viruses as an example.</p> <p>Sarah advised that an element would be discussed through quality committee, commenting on the agenda item relating to the recommendations from the Greater Manchester Mental Health inquiry.</p> <p>Caroline further advised that when information is received the ICB would work with system partners on patient safety and noted the importance of triangulating soft intelligence.</p> <p>The Chair summarised that work is in progress through a quality management system wide approach with PSIRF in place to support and further stated that some issues relate to culture whether people feel confident to raise when something doesn't appear right.</p> <p>RESOLVED: That the action log is updated as detailed.</p>	
26/ 2425	<p><u>Community Services Provider Quality Assurance</u></p> <p>Caroline presented the report and advised that the report contained an error as 'Phlebotomy' was referenced when this should be 'Wound Care and Lymphedema'.</p> <p>It was noted that this first report to committee outlined what community services comprised, which providers were commissioned for these services and highlighted</p>	

<p>prioritised work based on service vulnerability, quality governance development aligned to the contract and concerns that are having an impact on quality in the community. The following items were highlighted to members:</p> <ul style="list-style-type: none"> • Community Health Services Transformation is a priority area for the ICB, and a Transforming Community Care Programme is being established. • The quality monitoring for community contracts have historically been monitored as integrated contracts for the acute and community provision but in moving forward the community quality performance will be identified and monitored separately with issues being escalated via the provider trust contract meeting. • Significant issues regarding wound care provision had been highlighted within the Fylde and Wyre, South Cumbria and North Lancashire geographies and it was noted that two MP letters regarding lack of access to chronic wound care services for patients had been received. The ICB Commissioning Resource Group discussed this in February and April 2024, but no agreement was reached. Further exploratory work is to be undertaken by the ICB Commissioning Managers to understand the district nursing services and a broader review of the wider community contract by the commissioning team in the ICB. The quality assurance and experience team have also raised concerns and work is underway to consider options which will be reported through quality committee in due course. • The Vulnerable and Vital Services Steering Group also sits within the Community Health Services Transformation Programme, including task and finish groups for each of the services identified in Phase One and Two. The focus of the work has been vulnerable community services, as these present the greatest risk to the ICB and our patients. • Trinity Hospice on the Fylde Coast, which provides Lymphedema services, has advised that they are experiencing staffing issues and are unable to accept new patient referrals at this time; they will continue to see existing patients and any patients that have been treated in the past and need to be re-referred to their service. • General Practices in England and Wales who are notified of a patient death will need to work closely with medical examiners to allow them to independently scrutinise deaths not referred to a coroner. This will include sharing records of deceased patients. The Patient Safety Team have requested reports from all trusts hosting medical examiners across the ICB footprint to understand the reporting of community deaths. 	
<p>Geoff commented on the training being rolled out by Medical Examiners to GP practices querying how doctors who are not assigned to one practice, e.g., Locums would be trained. It was agreed that this would be a referral to Primary Care Commissioning Committee via David Levy.</p>	DL
<p>Helen queried whether there is an expectation for providers to agree contract changes with the new proposals for monitoring, and Sarah advised that this was a mechanism to refine contract management only.</p>	
<p>Helen further queried the prioritisation of services and how the decisions had been made regarding which vulnerable services were included in each phase, noting that Speech and Language Therapy was in phase 2. Caroline advised that Phase 2 had commenced and that all areas pose a degree of challenge on their vulnerability. It was agreed to include more detail on community acquired infections and pressure sore prevalence in this report moving forward.</p>	CM✓
<p>Mark advised that he is exploring how Blended roles can be developed with defined contracted homecare providers to take on board lower-level clinical tasks. This would form part of a wider workforce strategy. Mark to act as a conduit as this model is explored and could include the Phlebotomy services as capacity to deliver had been a concern</p>	MW

	<p>over a number of years. Andrew White advised that Primary Care are reviewing enhanced services which includes phlebotomy. Joe advised that the pulmonary and cardiac rehabilitation should be discussed with the voluntary sector along with any task and finish groups as support can be provided.</p> <p>The chair expressed thanks to the team who had produced this initial report for committee commenting on the usefulness of having a report which provided a good illustration that there is a lot of focus on the acute sector with community services in the shadow. Consideration to be given to how more population-based work is undertaken with all aspects of a patient's journey being included, this poses an opportunity to meet needs in a different and effective way through the transformation work and include within future reports.</p> <p>RESOLVED: That quality committee members noted the content of the report and recognised the complexity of community services. With a referral being made to the ICB Primary Care Commissioning Committee relating to the medical examiner training for GPs (Locums).</p>	
<p>27/ 2425</p>	<p><u>Patient and Safety Report including risk and PSIRF</u></p> <p>Caroline advised that the paper provided an update on the progress made by Lancashire and South Cumbria Integrated Care Board and commissioned providers in terms of the implementation of the national Patient Safety Strategy expectations including the Patient Safety Incident Response Framework and close-down of the Serious Incident Framework 2015 and highlighted to members:</p> <ul style="list-style-type: none"> • There are currently 85 who have not submitted a policy or plan for the Patient Safety Incident Response Framework. • The ICB Patient Safety Team has offered a variety of support mechanisms to providers including 'drop-in sessions', individual support, in person facilitation and written guidance based on system learning all whilst adopting a balanced and proportionate response. For those providers who are not engaging or offering a positional update on progress, escalation has now been made formally through the contractual route to the Contract Team ensuring that Quality Assurance colleagues are fully sighted on the position. Updates will be provided to committee. • The intention is to move to a System Learning Group which has been driven by the success of recent system learning for Cancer 104-day harm review standardisation, Infection, Prevention and Control PSIRF standardisation for Post infection Reviews and a number of other examples of shared learning with an initial meeting have been arranged. • Consideration to be given to new local priorities in 12 months' time including the opportunity for a System wide local priority, the application of quality improvement and being able to demonstrate what has changed as a result of organisational/system learning. • All Trusts continue to implement the PSIRF training through either attendance at sessions delivered free of charge from the Health Services Safety Investigations Body (HSSIB) or funded by the individual Trust/provider with a private provider. However, it was noted that some trusts are having challenges in releasing staff due to operational pressures and the Patient Safety Collaborative group are considering how to utilise the knowledge, skills and competencies of specific patient safety leads across LSC on how PSIRF training could be delivered that would reduce the cost burden, enhance availability of training and maximise the skills of staff through a locally delivered programme. • East Lancashire Hospitals Trust (ELHT) have recently shared specific family members feedback following the conclusion of a Patient Safety Incident Investigation, which provided clear examples of the positive impact seen for a grieving family along 	

	<p>with demonstrating openness and transparency when an incident occurs. Noting that the families believe that the approach adopted by ELHT has positively assisted them in their journey of grief.</p> <ul style="list-style-type: none"> • All provider Root Cause Analysis reports waiting for ICB review have been cleared. The current position as of 13 May 2024 is that there are 251 open Serious Incidents; this demonstrates a reduction of 98 since the last report. In addition, the administrative backlog has also been cleared. • The ICB is compliant on the Patient Safety Training national syllabus. <p>Helen queried whether the downward trend reported on serious incidents over the last 3 years was a true reflection on there being less incidents or whether this related to less incidents being reported. Caroline advised that this relates to being able to evidence that the learning from incidents which is being implemented is having a positive impact on the numbers taking place.</p> <p><u>Risk and Escalation</u> Caroline advised members of the risks and escalations since the last report to committee noting:</p> <ul style="list-style-type: none"> • Blackpool Teaching Hospitals had received a Prevention of Future Deaths notification (Regulation 28) on 12 April 2024 from the Blackpool & Fylde Coast Assistant Coroner due to a discharge summary being factually incorrect regarding the cause of death. Whilst the cause of death for the lady was concluded as natural causes the discharge summary was factually incorrect. Work is underway between the acute trust and primary care to improve the quality of discharge summary documents. • Work is ongoing with East Lancashire Hospital Trust further to being notified of a Regulation 28 relating to a death in 2022, whilst there was a robust investigation undertaken at the time the action plan which has been produced doesn't demonstrate assurance that actions have been implemented and what the improved outcomes are. • A local care home had received a regulation 28 and the ICB team is working with the regulated care team to provide support from a contractual view as this was not a home which services are commissioned from due to it being a rest home. <p>Joe commented that he would welcome a discussion to ascertain which VCFSE providers are not engaging with the ICB.</p> <p>RESOLVED: That quality committee members noted the content of the report and acknowledged the progress made across Lancashire and South Cumbria supporting future planned work.</p>	<p>JH/CM ✓</p>
<p>28/ 2425</p>	<p><u>Statutory Function reports</u></p> <p>a) <u>All Age Continuing Care</u> Sarah provided assurance on CHC performance, noting that the NHSE Quality Premium (QP) in March 2024 was 84% (previously 54%) superseding the target of 80% and the service is on target to meet the NHSE Quality Premium (QP) by the end of Q1 and consistently thereafter. That there have not been any fast-track breaches over the last 6 months and that this is being recognised as an exemplar service from region with the team being acknowledged for their positive impact.</p> <p>The service remains under pressure from a financial position with a risk remaining on the Board Assurance Framework.</p> <p>Following an options appraisal being completed and a procurement exercise, Liaison Care were successful to complete a review of various aspects of CHC including</p>	

Review spends per 50k population and spend per head outlier position and advise on cause and mitigating actions.

Mark praised the work undertaken by the team in achieving a successful piece of work which is seeing a positive impact but noted a degree of nervousness on costings following reviews at LAs.

Helen queried the size of the legacy backlogs of reviews for which MIAA are extending phase 2 recovery work and Sarah advised that she obtain this detail and share with Helen.

The Chair reflected on the enhanced quality aspects of the service further to the work undertaken and requested that this is reviewed to ensure that there are no unintended consequences on the best value for packages of care with any concerns on quality measures being escalated as necessary.

RESOLVED: That quality committee members noted the content of the report.

b) Learning Disabilities and Autism

Sarah advised that the report provided an update to the committee on key activities taking place within the programme which aim to improve the quality of the service, improve performance along with mitigations taken to improve NHSE targets and financial position.

- The current trajectory for inpatient care in Lancashire and South Cumbria (LSC) is that by March 2025 (revised from March 2024) no more than 30 per million adults with a learning disability and/or who are autistic and no more than 12–15 per million under 18s with a learning disability and/or who are autistic are cared for in an inpatient unit. The ICB is meeting the under 18s rate, but are not meeting the adult trajectory, there are several factors related to this position with the two main ones being, a lack of capacity in community accommodation and an increase in people receiving a diagnosis of autism whilst in an acute mental health bed. Work is being undertaken with the local authorities to address this.
- Monthly benchmarking confirmed that the number of LD health checks completed, and health action plans issued are higher than previous years with improvement being driven on the quality of these checks.
- Learning from Lives and Deaths of people with a Learning Disability and autistic people (LeDeR) reviews are being undertaken but due to the significant backlog the KPI trajectory of undertaking within 6 months is not being met. There are clear consistent trends that have been noted from the LeDeR reviews which include concerns regarding DNACPR recommendations, poor quality End of Life care planning and Mental Capacity Act principles not being followed.
- It was acknowledged that further work is required on all age autism pathways (Whalley site and Learning Disability Specialist beds) and that these areas were under national focus. A review is being undertaken and a case for funding for 14 specialised beds is to be developed.

Helen commented on the achievement of the LD annual health checks and recognised that there needs to be standardisation on the quality of these. Noting that the trajectory figures submitted as part of the paper related to small numbers and it was queried whether this was a local trajectory? Sarah advised that the trajectories had been agreed regionally.

Mark advised that an agenda item at the next LD/A regional group with stakeholders from across the 4 local authorities in Lancashire and South Cumbria would be related to the specialised beds to avoid hospital discharge, noting that the proposed 14 specialised

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<p>beds were an important development for the region to focus on discharge back to the community which is an important move to support patients.</p> <p>Joe referenced feedback from the early years team that forming a team around each family is sometimes a struggle especially when specific clinicians are requested to be involved in the plan and specifically queried whether a pediatrician must be involved.</p> <p>Sarah commented that this service is a fractured model across Lancashire and South Cumbria and offered to discuss with Joe outside of the meeting as part of the pathway review to ensure the correct people are involved.</p> <p>Geoff commented that undertaking the LD annual health checks need to be delivered and that these form part of the ICB strategy but stated that the national GP appraisal system doesn't assist GPs with undertaking these and suggested running a pilot LSC appraisal process with an approach made to the national body for a local process. Agreed that Geoff would discuss this with David Levy.</p> <p>Mark queried how to deploy community learning disability teams, as they should be wrapped around the GPs.</p> <p>Joe linked this item to a previous patient story brought to committee and the need to be mindful of the involvement of the third sector as they can provide a voice to patient.</p> <p>The Chair recognised the positive approach taken to highlighting the issues within the service. All plans for services for people with LD/A should ensure that they have parity of esteem so that they are enabled to live their fullest lives. In relation to the requirement to reduce the current rate of 59.5 per million population for inpatient care to below 30 per million this needs to be planned alongside effective development of community services. It was agreed to alert the ICB board to this potential risk, especially as service users could be placed out of area with a possible result in losing contact with families and the difficulty this creates to get back into local community care. Members agreed that further work was required to be assured that effective short and medium plans are in place for beds and the development of community services related to need.</p> <p>RESOLVED: That quality committee members noted the content of the report.</p> <p>c) <u>Children and Young People and SEND</u> Sarah spoke to the report noting:</p> <ul style="list-style-type: none"> • The long waiting times in community services, particularly Speech and Language Therapy (SLT) e.g., 434 children waiting over 52 weeks for SLT which is linked to the neurodevelopmental pathway which is currently under review. • Current SEND inspection at taking place in Blackpool which has recognised the significant positive changes which have been made. • Regarding preparing for an inspection there are valuable learning opportunities from the Blackpool inspection • Designated clinical officers (DCO) we have secured funding for an additional DCO • Concerns raised regarding future inspections in other areas of Lancashire due to investment being required to address waiting lists and the lack of workforce available. <p>Helen commented that Lancashire was on an improvement plan and that services need to be adapted accordingly to deliver services. Sarah clarified that some cleansing needs to take place on waiting lists and commented that an increase had been noted in referrals which could be attributable to patients feeling that they require a diagnosis to be able to access other services which will be addressed with the end-</p>	<p>SOB/ JH ✓</p> <p>GJ/DL</p>
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	<p>to-end pathway review with a business case to be presented in the Autumn.</p> <p>The Education, Health and Care Plan (EHCP) policy is being updated and was confirmed as a joint effort.</p> <p>Sarah advised that an additional resource had been provided proportionately as to where there are the longest waiters in advance of the pathway review, to reduce some of the waiting times, noting that any impact could not yet be monitored as this only was agreed 4 weeks ago.</p> <p>Members were advised of the challenge relating to how the service is provided and the need to move to a standardised model.</p> <p>Overall, the report highlighted a critical need to address long waiting times in community services, particularly for children with neurodevelopmental needs. Workforce shortages and a fragmented service model contribute to the issues being seen.</p> <p>RESOLVED: That Quality Committee members noted the content of the report.</p>	
29/ 2425	<p><u>Independent Review – Greater Manchester Mental Health (GMMH) NHS Foundation Trust – Summary Report</u></p> <p>Kathryn Lord advised that on 22 November 2022, NHS England Northwest wrote to Greater Manchester Mental Health NHS FT (GMMH), to inform the Trust it would be commissioning an Independent Review into the failings within the Trust’s services and as such an independent review of Edenfield Centre, a forensic mental health facility was undertaken.</p> <p>The failings were reported extensively by BBC Panorama following an undercover investigation which aired during September 2022.</p> <p>The review identified concerns regarding:</p> <ul style="list-style-type: none"> • Culture: Evidence of a closed culture and fear-based leadership. • Governance: Inadequate governance practices. • Environment: Poor physical environment and neglected estate. • Improvement Plans: Lack of rigor and external oversight. <p>The report made 11 recommendations, with 2 focused on system oversight by regulators and commissioners.</p> <p>The report identified three important points which Greater Manchester ICB should take forward in the development of its governance structures:</p> <ul style="list-style-type: none"> • It is important that all commissioners of GMMH services share their intelligence with each other. • The lack of information from safeguarding and FTSU should have been cause for further investigation, rather than taken as signs of positive assurance. • The patient voice was missing in the oversight of the Trust. Patient groups, advocates and complaints processes had all highlighted issues which were later highlighted in the Panorama programme. <p>It was noted that all providers in LSC had received this report via their Quality Committees and have been asked to review the report and provide assurance to LSC ICB, noting:</p> <ul style="list-style-type: none"> • LSCFT (Lancashire and South Cumbria Foundation Trust) have provided assurances against the recommendations outlining their methods to inform triangulation through testing evidence and gathering feedback, which will be reported through Trust Board. 	

	<ul style="list-style-type: none"> • A cultural shift towards openness is noted within LSCFT, evidenced by staff and service user feedback. • Commissioners are reflecting on their own practices and focusing on mental health commissioning expertise. <p>Helen queried on staff feedback and whether the ICB is evaluating staff experience through meeting with staff representatives. Kathryn advised that she contact Fleur Carney regarding this detail but acknowledged that this comes back to having good working relationships with the staff partnership forum being very important.</p> <p>Joe noted the importance of having an independent advocate as concerns exist about potential fear of reprisal for negative feedback and a member of NHS Staff requesting feedback on NHS services/treatment does not allow for independent feedback to be given. Kathryn agreed to discuss with Fleur as to how the feedback is being captured and by whom including cultural competences for communities.</p> <p>A suggestion was made to establish a task group like UHMB's model to ensure sustained momentum and embed learnings from the report.</p> <p>The Chair commented on the importance of understanding perspectives from staff, service users, and the third sector to gain a comprehensive picture.</p> <p>RESOLVED: That Quality Committee members noted the content of the report and actions being taken through provider quality committees.</p>	<p>KL</p> <p>KL</p>
<p>30/ 2425</p>	<p><u>LSCICB self-assessment against National Quality Board guidance and NHS England statutory quality requirements</u></p> <p>Kathryn advised that the paper outlined the statutory duties, accountabilities, core responsibilities and compliance which the Integrated Care Board (ICB) holds for quality, under the NHS England (NHSE) Operating Model for Quality and aligned to the National Quality Board's guidance for systems, as articulated in the NHS England's Quality Functions: Responsibilities of Providers, Integrated Care Boards and NHS England document.</p> <p>Members were advised that the National Quality Board had outlined seven key elements for ICBs to fulfill their quality assurance function and the ICB is currently developing a quality framework, acknowledging gaps, and implementing mitigating actions for the highest risks.</p> <p>It was noted that all ICB functions and organisations within the ICB structure are responsible for ensuring quality through systems, structures, and learning mechanisms and that clear governance is needed to articulate this and provide a clear line of sight for quality initiatives.</p> <p>Kathryn advised that concerns exist regarding workforce capacity to deliver across the entire quality agenda with mitigation strategies being developed to address key gaps, particularly regarding clinical effectiveness which has the highest number of gaps in assurance that requirements have been met, noting that a subgroup is in place to focus on this area.</p> <p>An alert to board was requested surrounding NICE (National Institute for Health and Care Excellence) Guidelines and the need to develop strategies for implementing and discussing NICE guidelines with service providers and throughout the ICB.</p> <p>The Chair recognised the need for clear communication across all ICB functions regarding quality roles and responsibilities against the self-assessment national guidance</p>	<p>KL/</p>

	<p>and it was agreed to be discussed at an ICB Executive meeting to ensure roles are understood with an update back to committee in November 2024.</p> <p>RESOLVED: That Quality Committee members noted the content of the report with a recommendation that this is taken to an ICB Executive meeting and back to committee in November 2024.</p>	SOB
31/ 2425	<p><u>Quality Impact Assessment (QIA) 6 monthly position update</u></p> <p>Caroline reported to committee the agreed 6-month update further to the ICB Quality Impact Assessment (QIA) Policy being approved on 19 July 2023 and a further progress report being received by Committee at the November 2023 meeting.</p> <ul style="list-style-type: none"> • The paper included the outcomes from the MIAA audit of the QIA process specific to savings schemes. • There continued to be ongoing QIA training and further learning from the trainees' evaluations has been identified and needs to be incorporated into the next steps for improving the ICB QIA processes. • Some teams are not consistently conducting QIAs or using them to inform decisions, leaving the organisation exposed. • The proposal in November 2023 was for a short timescale for policy review to adopt the learning from policy implementation and this was scheduled to take place in January 2024. • It was noted that consideration is being given for a revision to the policy to be part of embedding it into a wider ICB Project Management Office (PMO) function and co-ordination, and as such the review of the policy has been deferred. • Risk mitigation in the QIA process remains the weakest aspect. <p>Sarah commented that the paper highlighted progress in implementing QIAs, but also acknowledged the need for further cultural change and improvement in risk mitigation.</p> <p>RESOLVED: That Quality Committee members noted the progress made with plans for the consideration of embedding in PMO process.</p>	
32/ 2425	<p><u>Provider Quality Accounts</u></p> <p>Kathryn informed members regarding the ICB's approval process for the 2023/24 Quality Accounts required of larger providers and the progress towards the 30 June 2024 publication date to include the ICB narrative response.</p> <p>It was confirmed that organisations are required under the Health Act 2009 and subsequent Health and Social Care Act 2012, to produce Quality Accounts if they deliver services under an NHS Standard Contract, have staff numbers over 50 and NHS income greater than £130k per annum.</p> <p>The proposed time scales for receipt of accounts and submission of stakeholder statements were summarised in the paper and the ICB process for receiving, reviewing, generating commentary, sign off and for returning to providers prior to publication of their Quality Accounts was noted to be established and underway.</p> <p>Members were advised that a full copy of provider quality accounts were available from the quality team and a suggestion was made that the quality team work with provider colleagues and bring a full and final position statement to committee in July 2024, which follows the same format as agreed in 2023. Members supported the proposed process.</p> <p>RESOLVED: That Quality Committee members approved the suggested process</p>	KL ✓

	<p>for the quality accounts and would receive a full and final position statement at July 2024 committee.</p>	
33/ 2425	<p><u>NHS System Oversight Framework (SOF) ICB Procedural Approach</u> The paper submitted to members described the practices to be followed by ICB function leads for the reporting and escalation process which will be managed within the Improvement and Assurance Group (IAG) workplan/cycle.</p> <p>It was noted to have been devised to ensure that staff involved in the process have access to appropriate guidance and support and that there is a rigid process to ensuring exceptions against the sustainability and improvement plans are identified and escalated in a timely and structured way.</p> <p>Kathryn advised that RAG scoring would be used to support objective scoring in relation to level of assurance against the oversight domain areas and associated metrics. This approach would also aid in ensuring robust governance mechanisms are in place to measure and seek assurance.</p> <p>Members were advised that Lancashire Teaching Hospitals would not be covered under this process due to currently being under System Improvement Boards led by NHSE rather than the ICB IAGs.</p> <p>RESOLVED: That Quality Committee members noted the process to be undertaken.</p>	
34/ 2425	<p><u>Patient Story/Experience</u></p> <p>The patient story had been circulated to the committee in advance of the meeting, in order that comments could be provided for themes to be formulated in readiness for the committee meeting.</p> <p>The story this month was via a video story and related to a child with Asthma.</p> <p>Kathryn Lord highlighted to members:</p> <ul style="list-style-type: none"> • The patient benefitted from being in a community setting. • Importance of recognising opportunities to signpost patients to resources. • Overall positive outcome for the patient in terms of experience <p>Joe queried the interaction with the GP specifically further to the patient attending an asthma workshop and whether this assisted with receiving the diagnosis. Kathryn Lord agreed to provide further detail on this to Joe.</p> <p>The committee acknowledged that this story represents a small aspect of a larger program focused on children's physical health, as highlighted during the CYP regional assurance meeting.</p> <p>The Chair emphasised the role of population health intelligence in understanding communities with high asthma incidents and developing appropriate outreach strategies.</p> <p>RESOLVED: That Quality Committee members noted the content of the story and the positive experience of the patient.</p>	KL ✓
35/ 2425	<p><u>What matters to you? LSC Medicines strategy 2025-28</u></p>	

	<p>Andrew White presented a proposed strategy based on the principle of understanding "what matters to patients" in their interactions with medicines and having meaningful conversations with individuals, as well as their families and carers.</p> <p>Andrew advised that whilst medicines are the most common intervention in healthcare and while they can be very effective in preventing and treating disease, they can also have unwanted effects.</p> <p>It was noted that the strategy identified key areas of focus including Prevention and population health, Person centred care and support, Safer use of medicines, Sustainable best value care, Innovation and informatics and One workforce.</p> <p>Joe queried the targeted percentage reduction in the medicines budget and how the savings would be utilised. It was recognised that that medicines are the second largest expense for the ICB and it was suggested that any savings could be reinvested in other areas and technologies.</p> <p>Members were advised the strategy would have a workplan over a 5-year period, which would be refreshed each year and monitored by the Integrated Medicines Optimisation Committee with annual reporting to the Quality Committee.</p> <p>Members expressed support for the strategy but flagged concerns about resource limitations. Andrew acknowledged the need for additional staff and advised that a request to expand the medicines team was denied by NHSE, with concerns being noted that without the workforce results would not be achieved.</p> <p>Helen echoed the concerns on workforce but noted that the ICB must have the strategy in place. Helen requested simplification of the strategy document to improve clarity for the public regarding accessibility.</p> <p>Geoff commented on the resource limitation, suggesting that that potential savings would be an opportunity to reinvest in the workforce and requested that clinicians are engaged with. Geoff provided his support for the strategy.</p> <p>The committee approved the medicines strategy with the caveat of addressing resource limitations for implementation and the importance of including clinicians.</p> <p>RESOLVED: That the Quality Committee members approved the What matters to you? LSC Medicines strategy 2025-28 with the caveat of addressing the resource limitations and simplification of the strategy document to improve clarity for the public regarding accessibility.</p>	
<p>36/ 2425</p>	<p><u>Clinical Effectiveness Group Report (Triple A)</u></p> <p>Members received the Triple A report from the Clinical effectiveness group held on 25 April 2024 and comments were raised:</p> <ul style="list-style-type: none"> • The committee discussed the concept of "thinking around the alerts", evaluating whether the current actions and mitigations adequately address the issues flagged in the alerts. • <u>Weight Management Services Alert:</u> The new medications for managing obesity were noted to be available and concerns raised regarding the £100m funding requirement and the impact on primary care budgets (potentially consuming a third of resources). <p>An alert to Board was agreed regarding the significant funding needed for weight management services and the concerns that secondary care colleagues are advising</p>	

	<p>patients about weight management services availability and the reality of significant shortfall of Tier 3 services across the system to deliver.</p> <p>RESOLVED: That the Quality Committee members note the content.</p>	
37/ 2425	<p><u>Primary Care Quality Group AAA – 10 April 2024</u></p> <p>Members received for information the Primary Care Quality Group Triple A report and noted the content.</p> <p>RESOLVED: That the Quality Committee members noted the content of the Triple A.</p>	
38/ 2425	<p><u>Committee Escalation and Assurance Report to the Board</u></p> <p>Members noted the items which would be included on the committee escalation and assurance report to the Board.</p> <p>RESOLVED: That the Quality Committee noted that a report will be taken to ICB board.</p>	
39/ 2425	<p><u>Items referred to other committees</u></p> <p><u>Primary Care Commissioning Committee</u> Committee to advise as to how the clinicians (e.g., Locums) who are not assigned to a GP practice would receive the medical examiners training further to the introduction of the statutory medical examiner system from 9 September 2024, which sees General Practices in England and Wales who are notified of a patient death working closely with medical examiners.</p>	DL/DU
40/ 2425	<p><u>Any Other Business</u></p> <ol style="list-style-type: none"> 1. Andrew raised a question about the committee potentially declaring adherence to principles of selflessness and integrity as a preventative measure against cultural issues. The Chair clarified that board members already undergo a "Fit and Proper Person's Test" that addresses these principles. Sarah agreed to discuss with Debra Atkinson to explore potential additional measures. 2. Joe raised a query regarding the status of changes which he had requested regarding membership at the Clinical Effectiveness Group. Kathryn Lord agreed to discuss offline with Joe regarding this. 	<p>SOB</p> <p>KL ✓</p>
41/ 2425	<p><u>Items for the Risk Register</u></p> <p>No new items were requested to be made the register.</p>	
42/ 2425	<p><u>Reflections from the Meeting</u> Was the committee challenged? Making a difference?</p> <p>Helen noted that it had been a busy agenda with significant discussion on items required, which due to the time constraints felt that some important topics may have benefited from more discussion. It was agreed to review the frequency and duration of the committee in September 2024.</p> <p>RESOLVED: That the Quality Committee note the comments made.</p>	DU
43/ 2425	<p><u>Date, Time and Venue of Next Meeting</u></p> <p>The next meeting would be held on Wednesday, 25 July 2024 at 1.30pm, Lune Meeting Room 1, ICB Offices, County Hall, Preston.</p>	