

Approved – 16 November 2022

Minutes of the ICB Quality Committee Held on Wednesday, 21 September 2022 in Boardroom 1, Chorley House, Leyland

Name	Job Title	Organisation
<u>Members</u>		
Sheena Cumiskey (SC)	Chair/Non-Executive Member	L&SC ICB
Professor Jane O'Brien (JO'B)	Non-Executive Member	L&SC ICB
Roy Fisher (RF)	Non-Executive Member	L&SC ICB
Professor Sarah O'Brien (SO'B)	Chief Nursing Officer	L&SC ICB
Dr David Levy (DL) <small>(up to Item 11)</small>	Medical Director	L&SC ICB
Kathryn Lord (KL)	Director, Quality Assurance and Safety	L&SC ICB
Dr Geoff Jolliffe (GJ)	Primary Care Partner – GP, Barrow-in-Furness	L&SC ICB
Debbie Corcoran (DC)	Chair, Patient Involvement and Engagement Advisory Committee	L&SC ICB
Mark Warren (MW)	Local Authority Lead - Strategic Director, Adults and Health	Blackburn with Darwen Council
<u>Attendees</u>		
Maggie Oldham (MO)	Deputy Chief Executive Officer / Chief of Planning, Performance and Strategy	L&SC ICB
Peter Murphy (PM)	Acute Provider Representative - Executive Director of Nursing, Midwifery, Allied Health Professionals and Quality	Blackpool Teaching Hospitals NHSFT
Andrew White (AW)	Chief Pharmacist	L&SC ICB
David Blacklock (DB)	Healthwatch - Chief Executive	People First / Healthwatch Cumbria and Lancashire
Dr Arif Rajpura (AR)	Public Health Representative - Director of Public Health	Blackpool Council
Margaret Williams (MW)	Director of Safeguarding	L&SC ICB
Caroline Marshall (CM)	Deputy Director of Quality and Deputy Chief Nurse	L&SC ICB
Julie Lonsdale (JL) <small>(up to Item 11)</small>	Head of Medicines Optimisation	L&SC ICB
Debra Atkinson (DA) <small>(left during Item 15)</small>	Company Secretary/Director of Corporate Governance	L&SC ICB
Cath Coffey (CC) (Item 4)	Compliance, Development and Youth and Community Manager	Foxton Centre, Preston
Jacquetta Hardacre (JH) <small>(Item 11)</small>	Assistant Director of Patient Safety and Effectiveness	East Lancashire Hospitals NHS Trust
Louise Talbot (LT)	Corporate Governance Manager	L&SC ICB

Item No	Item	Action
1.	<p><u>Welcome, Introductions and Chair's Remarks</u></p> <p>The Chair welcomed everybody to the first formal meeting of the ICB Quality Committee. She referred to the preparatory session held on 17 August 2022 from which good progress had been made in establishing/setting up the first formal meeting. Since the session, several colleagues had joined the committee and a warm welcome was extended to them.</p> <p>A welcome was also extended to presenters of specific items on the agenda.</p> <p>The Chair provided an overview of the remit of the Quality Committee and reflected on the discussion held at the preparatory session. Consideration would need to be given in respect of the culture of the committee and individual's roles, also, how the committee ensures safe and effective services and how it takes forward population connective care/integrated care, taking a different view around this.</p> <p>The committee would take on an appreciative enquiry role and will review what had worked well and what it can do differently. As the committee moves into its areas of work and seeks to make improvements, it will be important to learn and consider how areas of work are undertaken differently and better.</p> <p>The Chair also referred to inequalities and from a population perspective, consideration would need to be given as to how we address inequalities. Item 4 on the agenda – Patient Story/Experience – will assist the committee in addressing these issues.</p> <p><i>Maggie Oldham joined the meeting.</i></p> <p>MO had recently commenced in post as the ICB Deputy Chief Executive Officer/Chief Planning, Performance and Strategy and attended the meeting as part of her induction.</p> <p>Finally, the Chair commented that at the end of each meeting, the committee would reflect on whether it had been sufficiently challenged and whether it had made a difference.</p>	
2.	<p><u>Apologies for Absence</u></p> <p>Apologies had been received from Angela Allen (VSCE representative).</p>	
3.	<p><u>Declarations of Interest</u></p> <p>RESOLVED: That the conflicts of interest from Peter Murphy regarding Item 10 - Care Quality Commission (CQC) Inspection Report - Maternity Services, Blackpool Victoria Hospital (Blackpool</p>	

	<p>Teaching Hospitals NHSFT) and Item 13 - Risks and Escalations were noted and would be included in the Quality Committee's conflicts of interest action log. He remained in the meeting.</p> <p>Committee members were advised that a committee register of interests would be included with future agendas for information and reference as required.</p>	LJT
4.	<p><u>Patient Story/Experience</u></p> <p>The Chair welcomed Cath Coffey, Compliance, Development and Youth and Community Manager at the Foxtan Centre, a Preston-based charity with a long history and strong commitment to working in the local community with both adults and young people.</p> <p>An informative overview and individual stories about experiences of accessing NHS services were heard.</p> <p>One of the biggest challenges in terms of services related to dual diagnosis, mental health, drugs and alcohol and differences of opinions around these. There were also issues relating to waiting times in A&E and hospital discharges.</p> <p>The Chair thanked CC for the individual patient stories/experiences and opened up the meeting for wider discussion.</p> <p>AR welcomed the overview, commenting that he had heard of similar issues around the particular client group she had provided information on. He referred to Changing Futures Changing Futures - GOV.UK (www.gov.uk), a programme aiming to improve outcomes for adults experiencing multiple disadvantage including combinations of homelessness, substance misuse, mental health issues, domestic abuse and contact with the criminal justice system. He further commented that a number of people would meet the criteria that Cath had alluded to. AR advised that he Chairs the Board for Changing Futures across Lancashire (including Blackpool and Blackburn with Darwen). He further commented that the key element was the lived experienced team, as individuals who have lived in that experience can unlock what professionals cannot unlock. Arif advised that the project funding would end in 2024 and he sought comments as to how it could be made sustainable.</p> <p>GJ commented that the patient experience was at the heart of the committee however, it extended beyond this particular client group. In his clinical practice he had encountered some of the difficulties that the patients face on a regular basis, and it demonstrated a quality issue, commenting that the rigidity of thinking in the NHS leads to rigidity in behaviours. He questioned how we measure inbuilt institutional behaviours and that we do not see measures relating to bad behaviours in the system.</p> <p>PM referred to a book entitled 'The Unpopular Patient' which described this complex issue. He commented that it was a 'live' issue and asked the type of work that would evolve from this. Unconscious biases would need to be addressed.</p>	

	<p>MW welcomed the individual stories which drew out a common denominator that they all encountered trauma in childhood and unfortunately, nobody will be able to resolve those issues. He commented that the Locality Safeguarding Boards have roles and would need to consider the risks that the local population face with multi-agency policies and work together accordingly. Whilst there might be different outcomes, the risk is shared.</p> <p>DC commented that the individual experiences demonstrated how pathways are not working for patients with complex and vulnerable needs. She also stressed the importance of liaising with people who have lived the experience and have a practical approach in going forward. Debbie referred to the Customer Care Team who could work with patients to look at blockages in the system.</p> <p>SO'B commented that some 'vulnerable adults' do not meet Care Act criteria and may not therefore receive support. The ICB could look at how to divert resources into preventative wrap around support services rather than high-cost services. Sarah agreed that further work needed to be undertaken with the Foxton Centre and other centres. Consideration would also need to be given in respect of A&E departments and staff cultures/mutual respect with patients, recognising that all staff have a professional responsibility.</p> <p>Thanks were conveyed to Cath and further contact would be made with her to take issues forward.</p> <p><i>Cath Coffey left the meeting.</i></p> <p>RESOLVED: That the Quality Committee members were mindful of the difficulties being experienced including staff culture and mutual respect. It was agreed that relevant members of the committee/ICB would follow up some of the issues raised.</p>	
5.	<p><u>Action Log from the Committee Preparatory Session</u></p> <p>RESOLVED: That the Quality Committee note the completed actions and the Corporate Governance Manager would keep under review.</p>	LJT
6.	<p><u>Terms of Reference of the Quality Committee</u></p> <p>Members were reminded that the Terms of Reference of the Quality Committee had been approved by the Board on 1 July 2022. Discussions had been held at the committee preparatory session on 17 August 2022 regarding the membership and the Non-Executive Member (Deputy Chair) and quoracy. It was also noted that two Non-Executive Members were required to be present for quoracy.</p> <p>The Chair spoke to a circulated report and updated Terms of Reference which proposed an increase to three Non-Executive Members, to nominate and appoint the Deputy Chair and for the committee to provide any further comments.</p> <p>Jane O'Brien and Roy Fisher, Non-Executive Members of the Board had agreed</p>	

to join the Quality Committee. It was noted that as Roy is also a member of the Public Involvement and Engagement Advisory Committee, the position would be reviewed in 3-4 months in respect of his time commitment and how the work of both committees link together.

The Chair advised that Jane had agreed to take on the role of Deputy Chair to the Quality Committee.

In respect of the Local Authority member required in the quorum, it was recognised that this placed pressure on MW to attend every meeting. A nominated/named deputy would suffice as referenced in paragraph 5.2.2:

- Where members are unable to attend, they should ensure that a named and briefed deputy is in attendance who is able to participate on their behalf.

DL referred to the patient story/experience provided earlier in the meeting and asked whether there needed to be a representative from the Trusts to attend the Quality Committee in order that they could address any concerns. Sarah advised that the System Quality Group (SQG) would be where those richer discussions would be held and deep dives into stories provided. KL would pick up the various issues with CC and take through the relevant organisations. AR also would also make stronger links with Changing Futures and the Foxton Centre in order to put in that wrap around support.

JO'B stressed the importance of ensuring we have a clear lens on integration and system working but carried out in such a way to seek improvements by working together and commissioning. The Chair suggested taking it through the Development Session to ascertain how the committee makes sure it is clear about its contribution.

MW referred to the responsibilities of the committee within the Terms of Reference (paragraph 6.1) which link to place and locality suggesting delegation to place be included. He also referred to paragraph 2.1 which should read the Health and Care Act 2021, currently states Health and Care Bill 2021. The amendments were noted.

RESOLVED: That the Quality Committee:

- **Agree to increasing the membership from two to three Non-Executive Directors.**
- **That Jane O'Brien be appointed as the Deputy Chair of the Quality Committee.**
- **That as the Local Authority member is included in the quorum, a nominated/named deputy would suffice as per paragraph 5.2.2 of the Terms of Reference.**
- **That the amendments at paragraphs 2.1 and 6.1 be made.**
- **That further consideration of the Terms of Reference would be given at the Development Session following, which the updated Terms of Reference would be submitted to the Board in November for approval.**
- **That the Quality Committee review the Terms of Reference in six months' time.**

KL
AR

LJT (✓)

<p>7.</p>	<p><u>Draft Quality Committee Workplan 2022/23</u></p> <p>The Chair reminded members of the discussion held at the Quality Committee preparatory session held on 17 August 2022 regarding the first draft of the committee’s workplan for 2022/23 which had been drawn up via the committee’s Terms of Reference and in line with statutory responsibilities. The draft workplan had been updated to reflect the discussion held and was presented to members for agreement. It was acknowledged that it would evolve over time and a suggestion was made for it to be reviewed after the Development Session in October.</p> <p>The workplan stated that continuing healthcare (CHC) reports should be submitted to the committee bi-monthly however, it may change to monthly.</p> <p>DC suggested that it would be helpful if a one-page slide could be produced in respect of the quality framework and architecture/regulations showing what is undertaken at system and what is being carried out at place.</p> <p>DC referred to customer care and engagement and advised that the ICB Public Involvement and Engagement Advisory Committee (PIEAC) was currently reviewing a report with a similar focus, ie, an insight and involvement report. She would liaise with the Chair and SO’B to agree the format as standing items to both committees in producing one set of information.</p> <p>It was commented that health inequalities and variation were not included in the workplan and a question was asked as to how we define quality, whether it was safe and whether everybody has access to it. It had not been explicitly mentioned in the workplan and Sarah advised that it would be picked up at the Development Session. She stressed the importance of ensuring that reports should be written from either an inequality lens or an access lens perspective. A Population Health Board would have this type of focus which, therefore, goes back to the piece of work to be undertaken at ICB level in respect of multiple meetings and avoiding duplication – a mapping role of ICP versus ICB versus Safeguarding Board. Debra Atkinson advised that as part of the Terms of Reference, Equality Impact Assessments (EIA) and Quality Impact Assessments (QIA) would be taken through the Quality Committee, thus providing oversight in those wider proposals in terms of service changes etc.</p> <p>AW asked that Medicines Management be referred to as Medicines Optimisation.</p> <p>MW sought clarification as to how the committee connected with the CQC. SO’B confirmed that she and DL have regular meetings with the CQC to ensure the ICB is connected</p> <p>RESOLVED: That the Quality Committee Workplan 2022/23 be approved noting that further updates may be required as the committee’s business evolves. A further review would be undertaken in three to four months’ time.</p>	<p>DC/ SC/ SO’B</p> <p>LJT (✓)</p>
-----------	--	--

8. Policy on Sponsorship and Joint Working with the Pharmaceutical Industry and other Commercial Organisations

SO'B advised that the policy had been developed as CCGs dissolved. Since then, work had taken place in developing a Policy on Policies which would be taken through the Executives for agreement and would provide a clear process for policy development and approval. Opportunity was also required for the policy to be reviewed by DL (Medical Director), AW (Chief Pharmacist) and wider engagement.

SO'B welcomed Julie Lonsdale, Head of Medicines Optimisation to the meeting who would take the committee through the policy. She thanked JL and the team for the work undertaken to date however, it was recognised that the policy could not be approved by the committee at this time for the reasons given above. There was however, opportunity for the committee to discuss and suggest amendments to the policy and also to flag the need to further refine the process regarding policy development and approval given that ICB was working across a wider system than the former CCGs.

JL advised that a review of the policy had been undertaken and an update was provided on the purpose of the policy and the framework in order to assist the ICB and its employees in determining when a joint working agreement or commercial sponsorship was appropriate. The policy aimed to assist the ICB and its employees in maintaining appropriate ethical standards in the conduct of NHS business. It would also need to be read in conjunction with other ICB policies that had been developed following guidance from NHSEI:

- Conflicts of Interest Policy
- Freedom to Speak Up Policy (Whistleblowing policy)
- Anti-fraud, Bribery and Corruption policy and Response Plan
- ICB Standards of Business Conduct Policy
- Prepared in line with ICB's Policy on Policies

JL was mindful of the introduction to the item recognising that approval could not be given at this time but welcomed comments from committee members.

The Chair thanked JL for the taking the committee through the policy and commented on the helpful flow charts contained within the policy.

The following comments were made:

- The ICB should take a view on the principles and consider working with pharmaceutical industry only if there is an absolute requirement to do so.
- There appeared to be several references to digital however, it was noted that information is important, therefore, should be front and centre of what we do. It was suggested that the Information Governance Policy should reference the importance of digital.
- The policy was not unusual in terms of interaction however, it was also about how a whole pathway is implemented which would need to be addressed.
- A review of the form within the policy would need to be carried out.
- Several areas sit within and apply to the medical directorate and a further

JL

	<p>iteration would pick up the comments made.</p> <ul style="list-style-type: none"> • Further consideration would need to be given to the scope and process along with the requirement to be open and transparent, ie, conflicts of interest and perception. There was also a requirement to define how the process is continually sighted in the ICB. DA would liaise with JL around these areas. • Support was also offered from DL and AW (teams within the medical directorate and the pharmacy team) to work with JL. <p>The Chair provided a summary on the way forward commenting that there were clear distinctions, ie, strategic to ensure the ICB works effectively in partnership and, how conflicts of interest are managed and other more generic areas of work.</p> <p>RESOLVED: That the Quality Committee agreed that as the ICB's Policy on Policies was being developed and with the recently appointed Chief Pharmacist taking up post, a further review would be undertaken both strategically and in terms of conflicts of interest. An updated policy would be submitted to the committee for further consideration in due course.</p>	<p>DA/JL JL</p>
<p>9.</p>	<p><u>Safeguarding Update</u></p> <p>Margaret Williams, Director of Safeguarding gave a presentation on the ICB's approach to delivering safeguarding statutory functions, changes in the NHS Safeguarding Accountability and Assurance Framework 2022 (SAF) and aspects of learning from safeguarding reviews and the ICB system response. In respect of system responses, committee members noted the following:</p> <ul style="list-style-type: none"> • Appreciative enquiry model of learning • System thinking for learning - 3 areas of focus, TI, Parenting, Let's Talk • Trauma informed practices • National learning campaigns – ICON, Safe Sleep, Fuel/Cold Homes • Statutory learning and death review processes applied to children and adults • Local learning and briefings (partnerships and organisations) • Audit implementation and success of applied learning (MAAR and UCLAN) <p>SO'B referred to the Safeguarding Board and the statutory requirements of the former CCGs that had transferred to the ICB. The committee would need to consider what it wished to receive on an ongoing basis in terms of safeguarding and further discussion would be held at the Development Session. Members welcomed further discussion and recognised the broader remit around safeguarding and the need to narrow down in order that it can be more manageable.</p> <p>GJ sought clarification as to whether the ICB can facilitate and sponsor activity at levels and Sarah advised that it needed to be undertaken at place level.</p> <p>RF recognised the importance of safeguarding and the bringing together of the former CCGs and Place Based Partnerships. He referred to the differences between responsibility and accountability which sit with all organisations.</p> <p>A glossary of acronyms would be circulated to the committee.</p>	<p>LJT (✓)</p>

	<p>Thanks were conveyed to MW for the informative overview in respect of safeguarding.</p> <p>RESOLVED: That the Quality Committee endorse the ICB review of the NHS Safeguarding Accountability and Assurance Framework 2022 (SAF) and note the key need for delivery and collaboration in the four places. Further discussion as to how the committee manages the breadth of work relating to safeguarding would be addressed at the Development Session.</p> <p>That the Quality receive a level of reassurance in respect of the transfer from CCGs to the ICB.</p>	
10.	<p><u>Care Quality Commission (CQC) Inspection Report - Maternity Services, Blackpool Victoria Hospital (Blackpool Teaching Hospitals NHSFT)</u></p> <p>RESOLVED: As raised at the beginning of the meeting, that the conflict of interest from Peter Murphy, Executive Director for Nursing, Midwifery, Allied Health Professionals and Quality at Blackpool Teaching Hospitals NHSFT be noted, would be recorded in the committee's conflicts of interest action log. He would remain in the meeting.</p> <p>SO'B spoke to a circulated report which had been issued by the Care Quality Commission (CQC) on maternity services at Blackpool Victoria Hospital and published on the CQC website</p> <p>The overall rating for the service was inadequate.</p> <ul style="list-style-type: none"> - Are services safe? <i>Inadequate</i> - Are services effective? <i>Requires improvement</i> - Are services caring? <i>Good</i> - Are services responsive to people's needs? <i>Inadequate</i> - Are services well-led? <i>Inadequate</i> <p>The committee workplan included reference to CQC inspection reports (ad hoc/as required) and the committee was asked to consider its role and how it wished to respond to the report and future CQC inspection reports in going forward.</p> <p>It was noted that the Hospitals Trust has a System Improvement Board (SIB) in place and that both the Trust and the SIB have oversight of improvement.</p> <p>SO'B advised that the CQC was currently undertaking inspections on all maternity services across the country, several of which did not have positive outcomes and decisions may need to be made nationally in respect of resources. DL suggested that further discussions be held at a future meeting and this was noted.</p> <p>PM advised that Blackpool Teaching Hospitals was within the expected range and/or above the expected range for outcomes.</p>	SO'B/ LJT

	<p>RESOLVED: That the Quality Committee received the report, noted the implementation of the action plan and that the Hospitals Trust has a System Improvement Board (SIB) in place with both having oversight of improvement.</p> <p>The Quality Committee referred to its role in respect of CQC reports overall and whilst they were included in the committee’s workplan, further consideration would be given around this.</p> <p><i>Andrew White left the meeting.</i></p>	
<p>11.</p>	<p><u>Patient Safety Incident Response Framework</u></p> <p>Caroline Marshall spoke to a circulated report which informed committee members of the recent publication of the Patient Safety Incident Response Framework (PSIRF), and the proposed approach to implementation. The key points for consideration were:</p> <ul style="list-style-type: none"> • Acknowledgement of the published guidance and requirements • Roles and responsibilities of the ICB and provider organisations • Timescales for implementation <p>Members were advised that in order to ensure that the ICB is compliant with the national PSIRF guidance, it was proposed that a Lancashire and South Cumbria PSIRF implementation group be established as a priority.</p> <p>Jacquetta Hardacre, Assistant Director of Patient Safety and Effectiveness at East Lancashire Hospitals NHS Trust gave a presentation on PSIRF – Early Adopter Experience and Learning and highlighted the following:</p> <ul style="list-style-type: none"> • Recognition from NHSEI by being approached as an early adopter, the only Trust and former CCG in the North West which included patient and family engagement • Challenges • Learning <p>In moving forward, it will enable:</p> <ul style="list-style-type: none"> • The ability to support and guide colleagues across L&SC as they embark on the journey of PSIRF • Sharing learning with the wider care systems outside of L&SC • Working with AQuA • To continue to raise the profile of ELHT and the ICB • To continue to build and enhance positive relationships between the Trust and the ICB <p><i>Julie Lonsdale and David Levy left the meeting.</i></p> <p>The Chair conveyed her congratulations to ELHT for the work undertaken and welcomed the system view rather than through a Trust lens. The presentation</p>	

	<p>also demonstrated a lived experience which linked back to the Foxton Centre discussed earlier in the meeting.</p> <p>Reference was made to patient safety led reporting and KL confirmed that they were working as a system as patient safety partners. The Chair commented that the work undertaken so far across the system was hugely advantageous and can be built on further.</p> <p>RESOLVED: That the Quality Committee receive the report, note the new guidance and approve the establishment of an implementation group.</p> <p><i>Thanks were conveyed to Jacquetta and she left the meeting.</i></p>	
12.	<p><u>Continuing Health Care</u></p> <p>SO'B spoke to a circulated report which provided the Quality Committee with the significant risks and challenges transferred from CCGs to the ICB in relation to Continuing Health Care (CHC). The report outlined the actions being taken to address the risks and improve performance and an overview of current performance. The report highlighted three key challenges that the ICB had inherited from the former CCGs:</p> <ul style="list-style-type: none"> • Ongoing dispute with local authorities with the threat of legal action (since settled except for deceased cases) • Backlog of CHC reviews (ongoing) • Poor performance on the 28-day key performance indicators (ongoing) <p>A new team was being formed in the Chief Nurse portfolio to bring expertise and capacity to oversee and drive performance whilst the service is remodeled.</p> <p>MIAA Solutions had been commissioned to support the reviews.</p> <p>Further consideration would be given on the content of future reports in order to provide assurance to the committee.</p> <p>The Chair also advised that from early Board discussions, the Quality Committee had been delegated to have oversight and take forward CHC.</p> <p>Due to time constraints at the meeting, it was agreed that more detailed discussion would be held at the next meeting with a view to agreeing the information the committee wished to receive in terms of assurance.</p> <p>RESOLVED: The Quality Committee noted the risks and would agree the content of future reports at the next meeting.</p>	

<p>13.</p>	<p><u>Risks and Escalations</u></p> <p>RESOLVED: As raised at the beginning of the meeting, that the conflict of interest from Peter Murphy, Executive Director for Nursing, Midwifery, Allied Health Professionals and Quality at Blackpool Teaching Hospitals NHSFT be noted, would be recorded in the committee’s conflicts of interest action log and the minutes of the meeting. He remained in the meeting.</p> <p>KL spoke to a circulated report which informed the committee of the current and emerging escalation/risk concerns across Lancashire and South Cumbria. The report outlined the following:</p> <ul style="list-style-type: none"> • Key areas of escalation/risk • Consideration for patient safety, effectiveness and experience • Actions being taken to mitigate • Learning associated with the issues outlined <p>The Chair asked that committee members consider how risks and escalations are taken forward to seek clarification as to the criteria for the risks that are escalated in the report, and how actions to mitigate these are taken forward.</p> <p>RESOLVED: That the Quality Committee receive the report, note the actions being taken forward to mitigate risks and have further discussion as to the criteria for risks to be escalated.</p>	
<p>14.</p>	<p><u>Committee Highlights Report to the Board</u></p> <p>The Chair and SO’B summarised the areas to be highlighted to the Board:</p> <p><u>ALERT</u></p> <ul style="list-style-type: none"> • Patient Story/Experience – reflected on vulnerable people’s experience on accessing NHS services and challenges with connections across some of the areas of health and care • Policy on Sponsorship and Joint Working with the Pharmaceutical Industry and other Commercial Organisations • Patient Safety Incident Response Framework • Continuing Health Care • Risks and Escalations <p><u>ADVISE</u></p> <ul style="list-style-type: none"> • Terms of Reference of the Quality Committee • Quality Committee Workplan 2022/23 <p><u>ASSURE</u></p> <ul style="list-style-type: none"> • Safeguarding Update • Care Quality Commission (CQC) Inspection Report - Maternity Services, Blackpool Victoria Hospital (Blackpool Teaching Hospitals NHSFT) <p>New Risks Identified at the Meeting - The Quality Committee acknowledged the areas highlighted as alerts above and would keep oversight accordingly.</p>	

15.	<p><u>Reflections from the Meeting</u></p> <p>The Quality Committee reflected on its first formal meeting and considered whether it had been sufficiently challenged and had made a difference.</p> <p>Several areas had been identified however, further consideration would need to be given as to how to take them forward. It was recognised that action requires implementation and the committee would need to learn about how to deliver its ambitions through taking a whole system approach.</p> <p><i>Debra Atkinson left the meeting.</i></p> <p>Further consideration would need to be given in respect of overlaps of groups and how they will come together.</p>	
16.	<p><u>Any Other Business</u></p> <p>There were no issues raised.</p>	
17.	<p><u>Date, Time and Venue of Next Meeting</u></p> <p>The next meeting would be a Development Session to be held on Wednesday, 19 October 2022 at 1pm-4pm in Boardroom 1, Chorley House.</p>	