NHS
Lancashire and South Cumbria
Integrated Care Board

Approved 19 April 2023

Minutes of the ICB Quality Committee Held on Wednesday, 15 March 2023 in Boardroom 1, Chorley House, Leyland

Name	Job Title	Organisation
Members		
Sheena Cumiskey (SC)	Chair/Non-Executive Member	L&SC ICB
Roy Fisher (RF)	Non-Executive Member	L&SC ICB
Professor Jane O'Brien (JO'B)	Non-Executive Member	L&SC ICB
Professor Sarah O'Brien (SO'B)	Chief Nursing Officer	L&SC ICB
Kathryn Lord (KL)	Director, Quality Assurance and Safety	L&SC ICB
Dr Geoff Jolliffe (GJ) (Arrive during Item 1)	Primary Care Partner - GP, Barrow-in-Furness	L&SC ICB
Mark Warren (MW)	Local Authority Lead - Strategic Director of Adults and Health	Blackburn with Darwen Council
Debbie Corcoran (DC)	Chair, Patient Involvement and Engagement Advisory Committee	L&SC ICB
David Eva (DE)	Independent Lay Member	L&SC ICB
Attendees		
Dr Arif Rajpura (AR) (Arrived during Item 4)	Local Authority Representative - Director of Public Health	Blackpool Council
Angela Allen (AA)	VSCE Representative - Chief Executive, Spring North	Spring North
Caroline Marshall (CM)	Associate Director of Patient Safety	L&SC ICB
Claire Lewis (CL)	Associate Director, Quality Assurance	L&SC ICB
Andrew White (AW) (Named deputy for Dr David Levy)	Chief Pharmacist	L&SC ICB
Anne Dunne (AD)	Director of Safeguarding (Job Share)	L&SC ICB
Julie Lonsdale (JL)	Clinical Lead for Community Pharmacy Integration	L&SC ICB
Louise Talbot (LJT)	Corporate Governance Manager	L&SC ICB

Item No	Item	Action
1.	**Welcome, Introductions and Chair's Remarks** The Chair welcomed everybody to the meeting. When reflecting on the challenges and whether the Quality Committee was making a difference, the Chair gave an example of continuing healthcare which was discussed at the first meeting of the committee and the work that has taken place in looking at commissioning the service in a different way. She asked the committee to consider through the meeting how it ensures continuous improvement in everything it does. The Chair further commented that we continue to operate in a very challenging context and one that it was important of ensuring we support everybody to be the best they can be. **Industrial Action – Junior Doctors –** S O'Brien advised that the biggest impact on patient care related to procedures and planned care which had been stood down. In respect of delayed or cancelled out-patient appointments or operations, Trusts had	

	stepped up and managed the situation. It was recognised that every Trust was affected in a variety of ways by the industrial action. A White commented that there were almost the same number of people presenting for care during this particular industrial action which was different to the nursing industrial action where some people had stayed away. *Dr Jolliffe arrived at the meeting.*	
2.	**<u>Apologies for Absence</u>** Apologies for absence had been received from Dr David Levy, David Blacklock, Peter Murphy and Simone Anderton.	
3.	**<u>Declarations of Interest</u>** **RESOLVED: That there were no declarations of interest relating to the items on the agenda.** **(a) Quality Committee Register of Interests –** Noted.	
4.	**<u>Minutes of the Meeting Held on 15 February 2023, Matters Arising and Action Log</u>** **Minutes:** **RESOLVED: Subject to the amendments to be made as advised by D Corcoran in respect the wording relating to advocacy and the links to the Public Involvement and Advisory Committee and the secretary clarifying in the updated committee terms of reference that there were two additional Non-Executive Members in the committee quorum, that the minutes of the meeting held on 15 February 2023 be approved as a correct record.** **Matters Arising:** A number of issues were addressed via the Action Log. *Dr Rajpura arrived at the meeting.* **Action Log:** **Quality Committee Terms of Reference – Membership - Patient Safety Partners –** C Marshall updated the committee that she is linking with the regional patient safety partner who was assisting with the formulation of a job description. She anticipated that the role would be advertised over the next couple of months. It was noted that provider organisations were struggling to recruit to the role and innovative ways were being explored. An update would be provided in the PSIRF report to the committee in April and it was anticipated that a more detailed update on membership would be reported to the June committee meeting. **Staff Uptake of OCVID-19 Boosters and Flu Vaccinations –** S O'Brien advised that Jane Scattergood was taking this forward with Directors of Public Health leading with a view to being more proactive next season. The action was closed on the log. C Marshall advised that a CQUIN in relation to flu vaccinations was proposed which would have a financial incentive attached to it for providers. R Fisher asked if the incentivisation in primary care was being included in the new quality contract. C Lewis would check what had been included for 2023/24. A White advised that vaccinations	**CM** **CM** **(June)** **CL**

	might be in the quality contract currently however, he commented that there were inconsistencies in terms of 'old money' and a piece of work would be undertaken with MIAA to reset for 2023/24. **Patient Story/Experience – Advocacy Support -** D Corcoran had discussed the issues relating to advocacy support with Neil Greaves and would build them into the PIEAC work programme. Discussions would also be held with D Blacklock. The action was closed on the log. **Patient Story/Experience - Inequalities –** K Lord referred to population health and the primary care element and work taking place to link this together. Information would be brought back to the committee in due course in respect of what services appear to be missed for the harder to reach populations. The action was closed on the log but it was noted that further information would be submitted to the committee in due course. **Assurance on Secure and Non-secure Mental Health Services –** D Levy was liaising with F Carney regarding the plan and a realistic resource to manage it. D Levy and the committee Chair had discussed future visits and D Levy would look across at Cheshire and Mersey and Greater Manchester as to who was looking at existing services. A further update would be given at the July meeting of the committee. **Risks and Escalations –** C Marshall advised that the team was looking at simplifying a flowchart which would be submitted to the next meeting of the committee.	**DL** **CM**
5.	**<u>Patient Story/Experience</u>** The Chair referred to the story provided by the wife of a patient who was diagnosed with memory loss initially which led to dementia and he was also diagnosed with lung cancer. The story related to the care and support offered to her and in particular, a GP asking the patient's wife what she wanted and what she thought. The care provided was very supportive and enabled the family to have a positive experience although in very sad circumstances. The Chair asked how the story had impacted on the committee agenda and what areas they needed to focus on. The following comments were made: • If diagnosed early, care planning can be undertaken to avoid a crisis further on. • We should look at publicising that dementia is very common, and that help is available. • The joined up services made a difference to the family. • When we get it right, we really get it right. • Recognise that there isn't a consistent experience for people and we need to strive to make it better. • Demonstrated practical integration. • Stated in the story 'Wish would be that more people are aware of what is available'. The arrangements slotted together. Consideration needed to be given as to how services are advertised. A local Carers Strategy should be considered by organisations along with a directory of services in order that carers are supported. • People are unaware of what is available and across the voluntary sector. Consideration needed to be given in terms of engagement by bringing people together from both the statutory sector and the voluntary sector in order that connections can be made. Consideration would need to be given at place. • Navigation of the systems was difficult and people should not be left disabled by grief. • It is about how people are communicated with. • Consideration needed to be given as to how we ensure we have an oversight and	

	give communities the knowledge and skills to signpost. • 'What matters to you' **NOT** 'What is matter with you'? • Integrated neighbourhood team level would be where it is brought together. • There needs to be a principle that all decisions are shared decisions. Based on an understanding on what is happening, better decisions will be made. **RESOLVED: That the Quality Committee receive the patient story.**	
6.	**<u>Risks and Escalations</u>** C Marshall spoke to a circulated report which provided information on current and emerging escalation/risk concerns across Lancashire and South Cumbria. She highlighted the following: • **Never Event –** A recent series of Never Events had been identified across Lancashire and South Cumbria. The report provided details relating to each Never Event – four of the five related to wrong site surgery. C Marshall advised that interrogation and more detailed work was being undertaken to ensure learning is identified and actioned. An update would be submitted to the committee in due course. • **Incident -** The committee received confidential information regarding an incident. A thematic review of the case and other cases was being undertaken and lessons learned. • **Trusts in System Oversight Framework 3 and 4** – Monthly meetings were taking place with Trusts. • **STI Testing – Failure to Follow up –** National incident declared. Greater Manchester overseeing and co-ordinating with the service provider. S O'Brien advised that there needed to learning around whole virtual monitoring and building in safeguards. S O'Brien referred to the forthcoming Board to Board meeting with Lancashire Teaching Hospitals and that both herself and K Lord had spent time looking at the Trusts and whilst there were a number of positives, there were also challenges. She asked the Non-Executive members of the committee to put it into context ahead of the meeting. A Rajpura expressed concern at the number of Never Events. K Lord advised that they are declared nationally and there have previously been clusters relating to 'stop before you block'. She further advised that there are very clear processes in place. The Chair asked that it be closely monitored and A Rajpura welcomed this as it was not an acceptable number. J O'Brien sought clarification as to how it worked across the system and whether the ICB was adding value to the performance of a Trust. S O'Brien provided some historical background in terms of the relationship with the Trust and the former lead CCG which did not appear to be robust enough. She advised that work was taking place with the Trust's Director of Nursing with visits taking place in the same way as with other Trusts. The ICB brings a system overview and some system issues that can then go through the partnership. There should be constructive support across the wider system and the Director of Nursing has been very welcoming. In respect of the Never Events relating to wrong site surgery, there appeared to be a number of learning themes and consideration needed to be given in order to avoid harm in the future. A provisional date of June for the committee to receive an update was suggested.	**CM (June)**

	In respect of the confidential matter relating to an incident, the Chair sought clarification as to who commissions the service and what assurances the ICB has, also prescribing processes to ensure they are safe and preventable in the future. C Marshall advised that the checklist was reviewed which the service believed matched national guidance however, if this was not the case, work would need to take place to enhance the checklist. **RESOLVED: That the Quality Committee receive the report and note the actions being taken to mitigate risks.**	
7.	**<u>Continuing Health Care (CHC) and /Individual Patient Activity (IPA) – Performance Report</u>** S O'Brien spoke to a circulated report which provided an update on six priority workstream areas. She highlighted the summary of work in respect of continuing healthcare to address the challenges and the model. In terms of whether the model was making an impact, in respect of hard measurables, S O'Brien advised not at the current however, she would not have expected to see real changes until the service was brought in-house and staff recruited to the new model. S O'Brien advised that the Associate Director had recently commenced in post and the teams had closer oversight than previously which was reassuring. The back-log work was starting to impact and discussions had been held through the Finance and Performance Committee regarding the current position. S O'Brien commented that Autumn time will be the key to seeing real improvement and she was waiting for clarity from NHSE as to whether a further business case to in-house the service was required. In summary, the service was moving in the right direction however, there was a long way to go. M Warren welcomed the work from a local authority perspective and the end-to-end process. He commented that the brokering and commissioning element could be carried out across place stressing the importance that the providers that local authorities use are the same resulting in more efficient commissioning and that it was about an operational culture change. In terms of the CQC which will regulate local authorities with the local system working in a similar way to Ofsted, M Warren advised that consideration needed to be given as to how the system was supporting individuals. In terms of assessing eligibility criteria, it would be useful to build in the CQC as to how continuing healthcare carries out its work. S O'Brien would ask the CHC team to liaise with M Warren commenting that everything he had suggested was in train. S O'Brien commented that any CSU delayed in-housing could adversely impact on the service and was mindful of the financial risk relating to stranded costs. The Chair welcomed the discussion particularly around joint commissioning and brokerage. The in-housing of the service from the CSU would need to be escalated or a request made through to the Finance and Performance Committee to ensure they make the right financial approach. **RESOLVED: That the Quality Committee receive the report.**	

8.	**<u>Quality and Safety Report</u>** CL spoke to a circulated report which provided an overview of the main providers' positions with a focus on five subject areas: • Children and Young People • Mortality • Regulated Care • Learning Disabilities and Autism • Planned Care Alongside the reports was a map which showed the larger providers and high-level information about the status of each across Lancashire and South Cumbria. C Lewis advised that from May, a risk 5x5 matrix would be included which would link back to the corporate risk register. Concern was expressed regarding complex children and young people in acute hospitals and S O'Brien advised that children with behavioural problems appear to fall between systems often resulting in additional costs as they are on an acute ward. There was also an impact on staff on the ward and families; this was a national issue. She advised that a Task and Finish Group had only recently been established however, there was more of a mandate to start looking at creating a service across Lancashire and South Cumbria that meets the needs of that group of children and young people. It was recognised that it was a real area of risk. An update on the work would be submitted either to the May or June meeting (L Talbot would clarify outside of the meeting). With regard to learning disabilities and autism, it was acknowledged that there were inconsistencies in respect of data collection and it there was a real challenge. Pathways were not currently working well and there needed to be post diagnostic support in place. An end-to-end whole system approach piece of work needed to be taken forward. M Warren asked how we make sure strategies become a delivery vehicle for improvement and how we join up more around learning disabilities and autism. The three strategies were submitted to the committee in February and would be taken through the ICB Board (deferred from March) to the May Board meeting. It was commented that there would be implications of the items being deferred to the May meeting. General discussion ensued regarding out of area placements. ***POST MEETING NOTE:*** *F Carney and D Wardleworth have been asked to talk to the committee in April about out of area placements for people with learning disabilities and autism and all mental health.* A Allen referred to areas of work that the voluntary sector had commissioned around estates, patients with eating disorders and supporting young people on paediatric wards and asked if more could be done to support young people, nursing staff and estates staff to be able to undertake their roles. S O'Brien agreed that it needed to be looked at now in order for us to where we want to be. D Eva was currently undertaking a piece of work on children and young people and it was suggested that he should be involved with the team and report back to the committee. C Lewis referred to the Chatbox facility and R Fisher suggested that from a quality point of view, it then needed to tie through with what is looked at in respect of planned care and then via the Finance and Performance Committee via the balanced scorecard.	

	RESOLVED: That the Quality Committee receive the report and note the actions being taken forward.	
9.	**<u>Patient Experience Quarterly Topic Report</u>** K Lord spoke to a circulated report in respect of patient experience (previously customer care/complaints) for Q3 2022/23. It was noted that volumes continued to be high but were steady and there were no significant risks identified. Work was taking place with D Corcoran and the Public Involvement and Engagement Advisory Committee to look at patient experience and governance and the format and governance of the report was under review. Further information would be brought back to the Quality Committee in due course with a view to having a standard report that links across both committees. **RESOLVED: That the Quality Committee receive the update.**	
10.	**<u>Safeguarding Update</u>** A Dunne spoke to a circulated report and highlighted the following: • Statutory Duty – Children in Care performance below compliance target. Blackpool Public Health was currently carrying out a review. Delayed Court of Protection Liberty Safeguards – four cases submitted this month. • Partnership Duty – Pan Lancashire adults and children's partnerships revised governance structure in early implementation stage. D Corcoran complimented A Dunne on the content of the report which would be passed to the team. **RESOLVED: That the Quality Committee receive the safeguarding update.**	
11.	**<u>Policy on Sponsorship and Joint Working with the Pharmaceutical Industry and Other Commercial Organisations</u>** J Lonsdale spoke to a circulated policy which was applicable to all staff, including temporary, agency and contractor staff who are employed by or work on behalf of the ICB. The policy included third parties such as the Innovation Agency. It represented best governance practice, and suggested that GP practices, PCNs and hospital trusts adopt the same. The policy focused on appropriate transparent joint working rather than sponsorship, training and hospitality which are covered in other ICB policies. It was noted that all projects would be led by the ICB and the policy set out a framework and how to deal with projects. Committee members' attention was drawn to the summary of policy process which was clearly set out and was welcomed. R Fisher welcomed the policy and asked if it was intended that other organisations also adopt the policy. J Lonsdale advised that it was the case and A White commented that it connected with legal bodies and about how we all work together. He further commented that there are good processes across the system and it was about lifting ourselves above some of the previous processes/arrangements. The policy would be disseminated to all providers, through Chief Executives, Medical Directors and Chief Pharmacists into primary care and PCNs. It was recognised that whilst the committee has no jurisdiction over primary care, the policy sets good practice. G Jolliffe was mindful that there needed to be recognition that it was a risk to the system	

	and A Rajpura commented that it was more about service development. **RESOLVED: That the Quality Committee approve the policy.** Thanks were conveyed to J Lonsdale for the work undertaken and she left the meeting.	
12.	**<u>Items for the Risk Register</u>** There were no items raised.	
13.	**<u>Committee Highlights Report to the Board</u>** • **CHC Update –** The committee welcomed the further update with some outcomes. There was reassurance that it was progressing in the right direction. • **Children with Complex Needs in an Acute Setting -** Requirement for more joined up work with learning disabilities and autism. • **Patient Experience -** More work to be taken forward around patient experience. • **Children in Care and Deprivation of Liberty Safeguards –** Risks identified and the ongoing work around places. • **Policy on Sponsorship and Joint Working with the Pharmaceutical Industry and Other Commercial Organisations -** Approved • **Never Events –** A number of never events were reported. **RESOLVED: The Chair would agree the form of words for the report with LJT outside of the meeting.**	
14.	**<u>Reflections from the Meeting</u>** The Chair reflected on the discussion held and asked whether the Quality Committee had been challenged and whether it had made a difference. **RESOLVED: That the Quality Committee was moving in the right direction in terms of making a difference.**	
15.	**<u>Any Other Business</u>** **Breightmet –** S O'Brien advised that Breightmet learning disabilities which was commissioned by Greater Manchester was in the process of being closed due to poor care and treatment and would be featuring on a Channel 4 programme. She provided more detailed information and M Warren would be meeting with the Greater Manchester lead and would feed back accordingly. **Quality Accounts –** Each provider was required to produce Quality Accounts for the Quality Committee to consider as assurance piece. An additional session for Quality Committee members would be arranged to be held in April.	**MW** **LJT**
16.	**<u>Date, Time and Venue of Next Meeting</u>** The next meeting would be held on Wednesday, 19 April 2023 at 1.30pm-3.30pm in Boardroom 1, Chorley House.	