

Approved – 21 June 2023

Minutes of the ICB Quality Committee Held on Wednesday, 17 May 2023 in Boardroom 1, Chorley House, Leyland

Name	Title	Organisation
<u>Members</u>		
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
Mark Warren (MW)	Local Authority Lead - Strategic Director of Adults and Health	Blackburn with Darwen Council
David Levy (DL)	Medical Director	L&SC ICB
David Eva (DE)	Independent Lay Member	L&SC ICB
<u>Attendees</u>		
Dr Arif Rajpura (AR)	Local Authority Representative - Director of Public Health	Blackpool Council
Caroline Marshall (CM)	Associate Director of Patient Safety	L&SC ICB
Andrew White (AW)	Chief Pharmacist	L&SC ICB
Debra Atkinson (DA)	Company Secretary / Director of Corporate Governance	L&SC ICB
David Blacklock (DB) (Left after Item 5)	Healthwatch Representative - Chief Executive, People First / Healthwatch Cumbria and Lancashire	Healthwatch
Angela Allen (AA)	VCFSE Representative - Chief Executive, Spring North	VCFSE
Ann Dunne (AD)	Director of Safeguarding	L&SC ICB
Vicki Webster (VW) (For Item 6)	Associate Director for Children and Young People	L&SC ICB
Louise Talbot (LJT)	Board Secretary and Governance Manager	L&SC ICB
Sandra Lishman (SL)	Committee and Governance Officer	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 meeting and introductions were made.</p>	
2.	<p><u>Apologies for Absence</u></p> <p>Apologies for absence had been received from Debbie Corcoran, Geoff Jolliffe, Clare Lewis and Peter Murphy.</p> <p>Members were reminded that Debbie Corcoran was temporarily stepping back from the Quality Committee whilst setting up the Primary Care Commissioning Committee.</p> <p>It was noted that there was no provider representative at the meeting.</p> <p>The Chair referred to the patient story and the committee had been asked to email comments in advance of the meeting in order that themes could be collated and shared.</p>	

3.	<p><u>Declarations of Interest</u></p> <p>RESOLVED: That there were no declarations of interest relating to the items on the agenda.</p> <p>(a) Quality Committee Register of Interests – Noted.</p>	
4.	<p><u>Minutes of the Meeting Held on 19 April 2023, Matters Arising and Action Log</u></p> <p>Minutes: RESOLVED: That the minutes of the meeting held on 19 April 2023 be approved as a correct record.</p> <p>Matters Arising: A number of issues were addressed via the Action Log.</p> <p>Action Log: Liberty Protection Safeguards – The action was closed on the log.</p> <p>Never Events – It was agreed that an update would be presented to the committee at the July 2023 meeting.</p> <p>Quality Accounts – K Lord reminded members that quality accounts were a statutory responsibility for organisations. The Quality Committee’s role was to receive and accept the accounts. This would be undertaken as a Chair and Executive’s action; however, it was important that the Committee had sight of the accounts. K Lord explained that all accounts had not been received at this stage, therefore, it was agreed that they be presented to the Committee in two parts – a summary and key points, along with the accounts received to date would be brought to the June Quality Committee meeting, with a summary and full accounts reported to the July meeting. It was explained that quality accounts must include comments by Healthwatch, acting as a consumer champion on behalf of patients and this would be included within the report on behalf of the public. A comment is also required from Overview and Scrutiny Committees.</p> <p>Quality and Safety Update – The Committee had previously expressed concern around the ambulance pathway and flows into urgent care. A summary with an emphasis on quality for this area would be presented to the committee at the July meeting to ensure members had a level of assurance on these pathways. R Fisher reported that a brief discussion had been held at the recent Finance and Performance Committee meeting with Jayne Mellor in attendance, and outside of the meeting relevant documents had been provided. Members agreed to invite Jayne Mellor to the July meeting, the focus at the Quality Committee would be around the impact on service and care provided.</p> <p>S O’Brien reported that a new tier system had now been implemented nationally for urgent and emergency care, with the Lancashire and South Cumbria system being flagged as tier 3 which does not require any NHSE intervention.</p> <p>A White confirmed that the primary care and community services report would be reviewed in 12 months.</p> <p>Staff uptake of COVID-19 Boosters and flu vaccinations – S O’Brien confirmed that it would be raised at the People Board meeting the following week.</p>	<p>LJT/ LC</p> <p>KL/ LJT/ LC</p> <p>LJT/ LC</p> <p>SO’B</p>
5.	<p><u>Patient Story/Experience</u></p> <p>The Chair referred to the story circulated with the Committee papers around a young</p>	

	<p>person's experience in trying to access an eating disorder service. Members had been asked to provide feedback/responses by email in advance of the Committee meeting. K Lord thanked members for their responses, highlighting key points as follows:</p> <ul style="list-style-type: none"> - This was not a patient centered pathway - The health professional the young person spoke to was a barrier to access the service - Poor communication at every level - Family had to take action themselves - Transition from children and young person's service to adult services was difficult to navigate. <p>The Chair thanked the young person who took the intervention.</p> <p>C Marshall advised that the young person had since gone to university and was using their personal experience to influence the area's health and care services.</p>	
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The agenda was taken out of order.

<p>8.</p>	<p><u>Quality Impact Assessments</u></p> <p>S O'Brien introduced the item and explained the requirement for Quality Impact Assessments (QIAs) to be completed, alongside Equality and Health Inequalities Impact and Risk assessments (EIA), as soon as a potential commissioning or other decision, business case, project or change was conceived, to ensure that commissioning and other decisions were assessed for the potential consequences on quality, with the level of risk and any necessary mitigating actions outlined. QIA's highlight the potential impact on quality of care, effectiveness, experience, and safety. The ICB had implemented a process where completed QIAs are submitted to the quality team for review, prior to approval by both the medical and nursing directors. All provider Trusts have a similar process for this however, there had been a variable approach across previous Clinical Commissioning Groups.</p> <p>S O'Brien spoke to a presentation highlighting the current process, savings and recovery schemes and challenges, the following points were highlighted:</p> <ul style="list-style-type: none"> - QIAs and EIAs had not yet been completed on contract reviews as schemes had not been worked up - QIAs and EIAs had been signed off for continuing healthcare (CHC). There was a lot of savings around CHC as part of the entire process. There may be some impact on patient experience if packages of care change however, this would mostly be seen as a positive as it would drive better quality and value for money - QIAs and EIAs had been signed off for the recent ICB Mutually Agreed Resignation Scheme (MARS) and restructure - Winter capacity, discharge and immediate care schemes had not been worked up as yet, therefore, QIAs and EIAs were not expected at this stage - An overarching QIA and EIA had been submitted for primary care prescribing however, QIAs and EIAs were required for each individual savings scheme - If the full amount of allocation for cancer was not spent by year end, an underspend would be used as a saving rather than reduction. No QIA/EIA was required - Further work was required on submitted templates for mental health and population health - QIAs had been signed off for primary care schemes. <p>S O'Brien informed the committee that the process had demonstrated the need for an improved template, which was being looked at along with an underpinning policy. Leadership training is required to help support the work being undertaken to embed in order that the process was planned. A draft ICB QIA policy was presented to the</p>	
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committee for comment.

D Levy reported that discussions had been held with Trust Directors of Nursing and Medical Directors to help gain an understanding and support the process. It was proposed to set up a Lancashire and South Cumbria Integrated Care System QIA group, to include the Trusts medical and nursing directors, David Levy, Sarah O'Brien and the quality lead, to share good QIAs and practice, understand and discuss where QIAs were difficult to come to a decision and to consider when looking at system changes, eg, reducing number of unfunded critical care beds. The impact of this would need to be understood by the system and ICB and the group would be able to look at this, ensuring changes could be safely undertaken.

Members' discussion included the following points/questions raised:

- Need to look at how draft policy related back to ICB priorities
- To include an overarching rationale for the Board and Committee roles
- Where did independent scrutiny take place on EIA/QIAs, in relation to the voice of the people and individuals talking about patients, families, lives and experiences
- Risk highlighted due to the possibility of EIAs being caught between the local authority and the ICB funding
- From a Voluntary, Community, Faith and Social Enterprise (VCFSE) perspective, no feedback had been received on VCFSE sector commissions across the footprint and the question was asked whether VCFSE organisations would need to undertake the same process if a decision was made to cease a service. Bringing detail down to lower-level commissioning within communities would need to be looked at
- A review of ICB contracts was presented to the Finance and Performance Committee at their recent meeting. It was reported that several CCG contracts had been moved over to the ICB and were being picked up by the Commissioning Resource Group, therefore, some may have gone through the QIA process. If there was a material change to a service in terms of contracts, it was felt that this would need to be included in discussions, with the implication being that a wider discussion would need to be held with the public and Overview and Scrutiny Committees, recognising the duty to inform.

S O'Brien responded to comments and questions:

- Highlighted that a business group meeting was being set up to look at the ICB internal savings schemes, including QIAs.
- Templates will be revised, with a combined EIA and QIA form which would include risk, partners, and space for an explanation of potential impact or how to mitigate a risk.
- The impact of schemes will be evaluated and reported to the Committee in future.
- It was recognised that it was the ICB's statutory duty to formally consult or engage with members of the public when there was service change; none of the schemes to date had had a service change at a level where consultation/engagement was required.
- Review how Public Involvement Engagement and Advisory Committee (PIEAC) can support the QIA / EIA process
- It was confirmed that the contract reviews being undertaken were across all contracts and any suggested changes would have to go through the same rigorous process as NHS services.
- The service being set up for continuing healthcare would have place-based teams and a process was underway for QIAs and reviews, involving social workers as well as health.

V Webster joined the meeting.

A Rajpura raised concern regarding the poorest population being affected by cuts to

	<p>services; members were asked when making decisions, to be mindful of the deprived population and the struggles they face.</p> <p>D Blacklock commented that often, people were involved too late in the process and he felt that they could strengthen the process as they would likely be able highlight issues that we would not necessarily be aware of. This could particularly relate to access and he encouraged the committee to give this consideration. It was suggested that a customer committee be established to review the documents.</p> <p>The Chair summarised that suggested changes to the policy had been made, including introducing one joint EIA/QIA, further enhancing the risk management section, and involving people. S O'Brien would consider these points outside of the meeting. The Chair felt this to be a helpful conversation and description about taking a system wide approach.</p> <p>RESOLVED: That the Committee:</p> <ul style="list-style-type: none"> • Note the content of the report • Approve the use of an interim QIA, pending approval of the ICB QIA Policy, and recognising that the documents required strengthening prior to formalising. <p>The Chair would consider how the Committee should be updated; assurance and evaluation would be required. It was agreed that an update be reported to the Committee at their July meeting.</p> <p><i>D Blacklock left the meeting.</i></p>	<p>SO'B/ LJT/ LC</p>
<p><i>The agenda reverted back to its original order.</i></p>		
<p>6.</p>	<p><u>Focus on Children and Young People</u></p> <p>Children Cared for in Inappropriate Settings - V Webster introduced the item highlighting acute hospital wards as an inappropriate setting for children with emotional health and wellbeing needs. Behaviours often escalate when in an acute setting, making it difficult to assess the child's real needs. A task and finish group had been established, defining problems and challenges that required addressing, which were tackled individually. The paper presented a number of initiatives that system partners were undertaking to address the issues which were starting to have an impact and these included:</p> <ul style="list-style-type: none"> - There was now a dynamic support database for children with learning disabilities, and a multi-disciplinary team working with those children at an early stage if the child was at risk of a hospital admission. Children are helped at a much earlier stage - Prevention of admission through a response and support model as part of the THRIVE model and aimed to ensure the young person receives timely access in a risk management plan in the community setting, giving a priority response to prevent the child going into hospital. As part of the assessment, if the child was admitted to hospital, the support would follow, with the aim of ensuring the child returns home as soon as possible - Springboard had led a programme providing in-reach support to children with emotional health and wellbeing needs, resulting in positive outcomes that children were benefiting from on a 1:1 basis - A resolution policy had been devised around collaborative agency working. - Mental health champions were being introduced to acute wards, dedicated funding from NHS England for 4 hours per week. Plans were being worked up on how to better use this role. 	

	<p>V Webster continued that work had been undertaken with Lancashire County Council to create a short-term placement for children, from a Department of Education bid; well-trained staff would assess children in a kinder environment, ensuring the child did not feel uncomfortable. A model was being looked at for looked after children, for short stay and return to permanent home as soon as possible and this work involved the voice of children who were being looked after. Workshops were planned to look at the health and social care offer for inclusion of children in care, to meet the needs of children in this place. Children in care were working with nurses to inform the workshop. All four local authorities were part of the task and finish group, however initially, this would be rolled out across Lancashire County Council. It would be difficult to roll out across all four authorities at once due to the way funding streams worked in local authorities. Training and upskilling of the workforce underpinned all of this and a degree of training was already in place. A plan on a page and action page was currently being built as assurance for NHS England.</p> <p>M Warren emphasised the importance of prevention focused on young people not ending up on a ward in the first place and for support, including environmental, on discharge from hospital. V Webster confirmed the Lancashire facility would have three beds and learning would be presented over time for other local authorities. The timeframe for opening was 2025. A Allen commented that wrap around family support worked well to stop representations and this was an intervention for both young people and carers. S O'Brien confirmed that this work was overseen by the Children and Young People's Programme Board and a lot of the work was being undertaken at system level, highlighting that system working opened up opportunities across the agenda.</p> <p>It was noted that this facility should improve overall quality, reduction and security concerns for the child or young person, whilst also creating a better environment for other patients in the hospital unit.</p> <p>The Chair thanked V Webster for the work undertaken to date commenting that it included compassion and passion and also bringing people together to problem solve. It was agreed that a progress update by the Task and Finish group be provided to the committee, along with the plan on a page and actions report in six months' time.</p> <p>RESOLVED: That the Quality Committee note the progress made by the Task and Finish Group.</p> <p><i>V Webster left the meeting.</i></p>	<p>LJT/ LC</p>
<p>7.</p>	<p><u>Quality Accounts – Update on Process and Committee Chair's Actions</u></p> <p>Item had been discussed/updated within the action log discussion.</p>	
<p>9.</p>	<p><u>Quality and Safety Report</u></p> <p>K Lord explained the meeting report provided an overview of the main providers' positions with a focus on five subject areas:</p> <ul style="list-style-type: none"> - Cancer - Infection prevention and control - Maternity - Mental Health - Safety <p>It was highlighted that:</p>	

	<ul style="list-style-type: none"> - CQC was undertaking a well led inspection this week at University Hospitals of Morecambe Bay Trust - Leadership changes at East Lancashire Hospitals Trust (ELHT) included the new Chief Nurse, Chair, Safeguarding lead, Executive for People and Culture and Service Development Executive - Two vacant leadership positions at University Hospitals of Morecambe Bay Trust, Non-Executive Director, and Associate Non-Executive Director - New Chief Nurse started at Blackpool Teaching Hospitals Trust in April 2023. <p>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.</p> <p>The most recent never events were reported, and the Committee was reassured regarding Duty of Candor and learning, a deep dive would be undertaken on the most recent never events at ELHT.</p> <p>At the current time, locally there was no concern regarding measles, however, encouragement was made to ensure MMR vaccination rates in children were at 95% or higher. Occupational health departments would ensure that all healthcare staff should be fully vaccinated with MMR. The Committee received a verbal update from A Rajpura regarding measures put in place in Blackpool.</p> <p>Concern was raised regarding the number of leadership staff changes across the patch. S O'Brien would discuss leadership development with the People Board.</p> <p>A Allen raised concern with regard to waiting times at Lancashire and South Cumbria Foundation Trust. It was confirmed that the over 65-week wait was in relation to CAMHS and ASD.</p> <p>The Chair summarised that a deep dive into never events would be reported to the Committee at its July meeting, the Cancer Alliance would be asked regarding a Standard Operating Procedure (SOP) where children and young people had suspected lumps and request assurance in taking this forward, and requested that the People Board consider leadership development, being mindful around supporting Trusts. The trajectory around the reduction and waiting time for children and young people, specifically young people needing this in relation to ASD and how this is picked up through CAMHS would be brought to a future meeting.</p> <p>RESOLVED: That the Committee:</p> <ul style="list-style-type: none"> - Note the information provided - Agree any areas for escalation to the ICB Board - Agree for a deeper dive into never events. 	<p>CM</p> <p>SO'B</p> <p>SO'B/ LJT/ LC</p>
10.	<p><u>Risks and Escalations</u></p> <p>C Marshall spoke to a circulated report which provided information on current and emerging escalation/risk concerns across Lancashire and South Cumbria. The report highlighted:</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>S O'Brien reported variation in the approach in children with ASD across the patch, concern remained regarding pathways with autism and many challenges. Some commissioned ASD pathways had been added to mental health pathways. A full review</p>	

	<p>had been requested to look at what was required for a neuro development pathway.</p> <p>M Warren raised awareness that the Chief Executive Officer of Lancashire County Council had written to Lancashire Police announcing funding of Chairs of Domestic Homicide Reviews (DHRs) would be the remit of local authorities.</p> <p>RESOLVED: That Quality Committee members receive the report, noting the actions being taken to mitigate.</p>	
11.	<p><u>Safeguarding Dashboard – Bi-monthly update</u></p> <p>A Dunne spoke to a circulated report and highlighted the following:</p> <ul style="list-style-type: none"> - Statutory Duty – A reduction had been seen in children’s performance due to multifactorial issues; teams were working closely with local authorities. Liberty Protection Safeguards had been delayed. An increase had been seen in sudden unexpected deaths in infancy and children. - Partnership Duty – There had been five new reviews since the March dashboard, three DHRs and two Safeguarding Adult Reviews (SARs). NHS England had challenged around the quality of DHRs and training has been arranged. - RISK issues (Workforce) – New recruitment / refresh was ongoing for all named GP clinical safeguarding leads. - Safeguarding reviews – A partnership inspection was underway in Blackburn with Darwen; CQC, HMRC and Ofsted, looking at safeguarding responsibilities and how this combined with partnership working. Focus groups with inspectors were ongoing and initial feedback from CQC was expected imminently. Ofsted feedback was expected later in the week, with wider partners after that. Regional work was underway to address issues. Preparations were being made for the Coroner’s inquest that would commence on 29 June around Regulation 28; partnerships would review the action plan and recommendations were being drawn out. <p>Concern was raised with regard to safeguarding adult boards and how the place-based multiagency arrangement would work. It was agreed an update would be provided to the Committee within the next report.</p> <p>S O’Brien explained that the ICB was part of the JTAI inspection as although staff in service at the front door were Lancashire and South Cumbria Foundation Trust staff, the ICB commission the service and would, therefore, be inspected as part of this as the accountable body.</p> <p>Members agreed that future reports would be provided quarterly, subject to escalation.</p> <p>M Warren raised that liberty protection safeguards remained an issue; L Talbot to flag on the workplan to report in around eight months’ time.</p> <p>RESOLVED: That the Quality Committee receive the safeguarding dashboard report for assurance.</p>	<p>AD</p> <p>LJT ✓</p>
12.	<p><u>Update on All Age Continuing Care and Individual Patient Activity</u></p> <p>S O’Brien spoke to a report and provided an update on risks, current performance, new service model updates/in-housing of M&LCSU and the financial recovery plan. The following points were highlighted:</p> <ul style="list-style-type: none"> - CHC; plan and investment were being operationalised at pace - Several applications for posts advertised for the new CHC model had been received - In-housing CSU had previously been a risk; in relation to mitigation, a meeting would be held on 6 June with NHS England. If approved, the service would go live on 	

	<p>1 October 2023</p> <ul style="list-style-type: none"> - There was confidence in terms of leadership that the right work that was needed was being undertaken forward. <p>The Chair recognised that the Committee had discussed this for a number of months, there was an action plan and this had gone through the ICB Board, however, the movement of KPIs had not yet been seen and the Committee would like to see more evidence of impact.</p> <p>S O'Brien continued that the Judicial Review with local authorities had taken place. A further report would be presented to the Committee in two months' time, which would include more evidence. S O'Brien would invite Rakhee Jethwa, Associate Director for Continuing Healthcare to the July meeting to provide confidence and examples of work.</p> <p>RESOLVED: That the Committee note the content of the report and supported the plans and developments.</p>	<p>SO'B/ LJT/ LC ✓</p>
<p>13.</p>	<p><u>Draft Quality Committee Workplan 2023/24</u></p> <p>L Talbot to update and circulate the workplan as discussed at this meeting.</p> <p>K Lord to provide an update report on the dental service at the next meeting, being a common cause of complaint.</p> <p>Liberty protection to be removed. Declaration of liberty standards to be included in forward plan for nine months' time to see where the refocus was on the liberty system.</p>	<p>LJT ✓</p> <p>KL ✓</p> <p>LJT ✓</p>
<p>14.</p>	<p><u>Items for the Risk Register (Chair)</u></p> <p>No new items reported.</p>	
<p>15.</p>	<p><u>Committee Highlights Report to the Board</u></p> <p>S O'Brien would pick up with L Talbot/S Lishman. Draft report to be circulated to members to advise of any amendments required prior to submitting to the ICB Board.</p>	<p>SO'B/ LJT/ SL</p>
<p>16.</p>	<p><u>Reflections from the Meeting</u></p> <p>The Chair reflected on the discussions held and asked whether the Quality Committee had been challenged and whether it had made a difference. Due to time constraints, the committee was asked to provide comments to the Chair outside of the meeting.</p>	
<p>17.</p>	<p><u>Any Other Business</u></p> <p>There was no other business.</p>	
<p>18.</p>	<p><u>Date, Time, and Venue of Next Meeting</u></p> <p>The next meeting would be held on Wednesday, 21 June 2023, 2.00pm to 4.00pm, in Boardroom 1, Chorley House.</p>	