

Approved – 19 July 2023

**Minutes of the ICB Quality Committee Held on
Wednesday, 21 June 2023 2:00pm – 4:00pm
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
David Levy (DL)	Medical Director	L&SC ICB
David Eva (DE)	Independent Lay Member	L&SC ICB
Geoff Jolliffe (GJ)	Partner member for Primary Medical Services	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
Claire Lewis (CL)	Associate Director of Quality Assurance	L&SC ICB
Nick Barkworth (NB)	Clinical Network Manager	NHSE/I
Dr Caroline Waterworth (CW)	Head of Patient Safety	NHS Lancashire and South Cumbria Foundation Trust (LSCFT)
Joseph Harnett (JH)	Voluntary, community, faith and social enterprise (VCFSE) Representative	VCFSE
Adele Taylor (AT)	Second year, Student Nurse – Work shadowing	University Hospitals of Morecambe Bay NHS Trust (UHMBT)
Claire Moore (C Moore)	Head of Risk Assurance and Delivery	L&SC ICB
Elaina Quesada (EF)	Named Deputy for Mark Warren – Deputy Executive Director of Adult Services	Lancashire County Council
Louise Talbot (LJT)	Board Secretary and Governance Manager	L&SC ICB
Louise Coulson (LC) (minutes)	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. The Chair welcomed Nick Barkworth, Vanessa Wilson, Elaina Quesada, Caroline Waterworth and Adele Taylor.</p>	

2.	<p><u>Apologies for Absence</u></p> <p>Apologies for absence had been received from Debbie Corcoran, Deborah Atkinson, Mark Warren (Elaina Quesada deputising), David Blacklock (Nick Barkworth deputising) and Peter Murphy.</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>	
4.	<p><u>(a) Minutes of the Meeting Held on 21 June 2023, Matters Arising and Action Log</u></p> <p>Minutes: RESOLVED: That the minutes of the meeting held on 17 May 2023 be approved as a correct record incorporating one minor update.</p> <p>Matters Arising: Several issues were addressed via the Action Log.</p> <p>(b) Action Log: Staff uptake of Covid-19 Boosters and Flu Vaccines – 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. It was noted that a whole system review and learning was underway with NHSE and provider organisations. Chair commented that there were systemic issue requiring system wide learning.</p> <p>Quality Accounts – The Chair asked the committee to note the papers submitted and that there shall be further papers at the July committee. SO'B suggested that next year providers could be asked to present their accounts at a Quality Committee dedicated session.</p> <p>Quality and Safety Update – The Committee discussed how the contract for the Northwest Ambulance Service (NWAS) was now held by the ICB but NWAS still report into 3 systems and discussion were ongoing as to how this may be unified across boundaries and how this will be developed with other ICB's within the Northwest footprint. The committee were asked to note that the report on The Manchester Arena bombing and learning for safety incidents within NWAS would be submitted for September's Quality Committee.</p> <p>Staff uptake of COVID-19 Boosters and flu vaccinations – S O'Brien confirmed that was raised at the People Board meeting and this can now be closed at Quality Committee.</p>	<p>LJT/ LC</p> <p>SO'B / LJT</p> <p>CM/ LJT/ LC</p> <p>SO'B</p> <p>SO'B</p> <p>SO'B / LC</p>
5.	<p><u>Patient Story/Experience</u></p> <p>The Chair referred to the story circulated with the Committee papers around the Elective Care, Scoliosis and Spinal Stenosis care received by an adult patient at Royal Preston Hospital. Feedback was received from members present including voluntary, community, faith and social enterprise (VCFSE), System Quality Group (SQG). K Lord presented an overview of the themes captured from the feedback which consisted of:</p> <ul style="list-style-type: none"> • Poor communication over many months and years with the patient. • Long time periods (confounded by Covid-19 pandemic) but little or no 	

	<p>communication with the patient during this time.</p> <ul style="list-style-type: none"> • Lack of a patient centered care; all clinical teams appeared to work in isolation. • Patient had to repeat their experience and story numerous times to navigate the service or would have stepped backwards on the pathway. • Supportive action taken by the GP when limited progress was made with the services in Lancashire Teaching Hospital (LTH). • Offer of services or procedures were made and then withdrawn, no consideration shown about the psychological impact of this or the time delays between treatments/investigations. • No support for the individual as a person, no discussion on the impact of the condition on wellbeing. • Impression of being seen as a 'diagnosis' not a person. • Unfavourable comparison of services in Preston with other Trust in the Country. <p>The Chair thanked the committee for their feedback and consideration of this patient story.</p>	
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Nick Barkworth arrived during item 6.

<p>6.</p>	<p><u>Lancashire and South Cumbria NHS Foundation Trust Patient Safety Incident Response Framework (PSIRF) Plan and Policy</u></p> <p>C Marshall introduced the item and gave a brief overview of the current situation regarding providers implementing PSIRF within the ICB and their [the providers] provision for staff training/learning in relation to the Rapid Learning Reviews and the communication strategy, forming part of the PSIF implementation. Dr Caroline Waterworth, Head of Patient Safety from LSCFT was introduced and presented to the committee, LSCFT Patient safety Incident Response Policy and Plan.</p> <p>The committee thanked Dr Waterworth on the very well received and informative presentation. The Chair commented on the cohesive nature of the presentation. G Jolliffe was enthused by the inclusion of Human Factors.</p> <p>E Quesada enquired how this will align with safeguarding reviews i.e., Safeguarding Adult Reviews (SARs), Serious Homicide Reviews (SHRs) etc. and requested if the safeguarding element could be strengthened from a multidisciplinary perspective.</p> <p>C Marshall noted the ICB patient safety and safeguarding Teams are working closely on this as Safeguarding is mandated and that it would be both helpful and useful if LCC could be involved in the development of the ICB PSIRF Strategy.</p> <p>RESOLVED: That the Committee:</p> <ul style="list-style-type: none"> • Noted the content of the PSIRF Plan and Policy and approved. 	
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The agenda was taken out of order.

<p>9.</p>	<p><u>Maternity Single Delivery Plan - Maternity and Neonatal Implementation and Oversight Strategy</u></p> <p>V Wilson introduced and walked the committee through the strategy. Points of note, how this has been implemented and delivered on the 11 objectives detailed in the Ockenden Final Report: Findings, conclusions and essential actions. V Wilson gave</p>	
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	<p>details of the 3-year plan with the 4 overarching themes allocated to Trust, ICB and National/Regional level for delivery:</p> <ol style="list-style-type: none"> 1. Listening to and working with women and families with compassion 2. Growing, retaining and support our workforce 3. Developing and sustaining a culture of safety, learning and support 4. Standards and structures that underpin safer, more personalised and more equitable care <p>The Local maternity System (LMNS) included an equity plan to ensure inclusion of disadvantaged communities with oversight reports into the ICB Population Health Board, aligning to the 5 years forward plan.</p> <p>The Chair invited questions from the committee and asked members to consider the application of governance in place to ensure delivery of the plan.</p> <p>S O'Brien had recently attended a regional meeting with the Chief Midwife where she confirmed assurance in the LSC LMNS and systems and processes.</p> <p>G Jolliffe requested further clarity around the percentages for standards.</p> <p>J O'Brien raised the issue of the workforce challenges and asked what is realistic in relation to the retention and recruitment issues. V Wilson responded that there are still issues as 40% of trainee midwives do not go on to become midwives.</p> <p>D Eva congratulated on a good report and asked if two areas could be chosen to develop more closely.</p> <p>The committee discussed various approaches:</p> <ul style="list-style-type: none"> ● Community engagement advocates from different socio/economic backgrounds, low uptake in ethnically diverse groups ● Third sector partners have developed working with children and maternity groups ● Public and Population Health to share resources re, smoking in pregnancy ● Risks around the release of funding and the delays to provision <p>The chair summed up and closed this item noting that work around still births is good and the scale of the improvement, with LMNS approaching this in a thoughtful manner.</p>	
	<p><i>Nick Blacklock left the meeting. Nick Barkworth arrived for item 8.</i></p>	
<p>8.</p>	<p><u>Dental Services</u></p> <p>David Leavy introduced and highlighted aspects of the paper, for noting, with due consideration to be given to the ICB's current position in the development of contracts and commissioning for dentistry as this has only recently been devolved from NHSE to the ICB. D levy also asked the committee to note that he will raise the issue of more provider capacity when meeting with Minister's next week. D levy asked for the committee's consideration and invited comments and insights.</p> <p>N Barkworth discussed the upstream thinking in relation to prevention; consideration needs to be given in relation to flexibilities of contracts for example care Homes. The model used in Fleetwood Care Homes using a train the trainer model has proven to be exemplar.</p>	

	<p>J Harnett raised the challenge of inequalities, deprivation in urban areas can be missed if only the top level of data relating to deprivation is followed. Development has been seen via the Homeless Voluntary Sector Support via collaborative working. For example, there has been a small pilot programme in Blackpool (the model had been proved successful in Leeds) and entailed facilitated access from homeless shelters to dental practices with support of a chaperone.</p> <p>The Chair noted the pilot and highlighted the Wellness Hubs and bringing the Third Sector into the commissioning process, with the addition of dentistry into population Health.</p> <p>Further discussion around contracts highlighted:</p> <ul style="list-style-type: none"> ● If dentists' hand back contracts can this money be redistributed – N Barkworth stated it could be used again in the area. ● There is a dental budget underspend ● Underperformance to be challenged ● Prevention as system would be unable to 'treat our way out of this' ● Although dental commissioning is new to the ICB it is the highest source of complaints to us via Tim Fallon MP (Member of Parliament) Cumbria ● The commissioning of Dental services requires oversight and discussion at Primary Care Commissioning Committee (PCCC) with a view to the quality element to be monitored via Quality Committee <p>The Chair summed up, useful debate, innovative holistic approaches being implemented and considered. Recommend that item is submitted to PCCC for development in September and returns to Quality Committee in January/February 2024.</p>	LC
<i>Nick Barkworth left the meeting. Agenda reverted to original order.</i>		
7.	<p><u>Provider Annual Quality Accounts – Interim Report</u> Summary of Key Points: (a) Lancashire and South Cumbria NHSFT (b) North Cumbria Integrated Care NHSFT (c) University Hospitals of Morecambe NHST (d) East Lancashire Hospitals NHST</p> <p>The Chair asked the committee to note the reports attached.</p> <p>RESOLVED: That the Committee: - Note the information provided</p>	
10.	<p><u>Niche Assurance Review – Mersey Internal Audit Report</u></p> <p>RESOLVED: That Quality Committee members receive the report, noting the actions being taken to mitigate.</p>	
11.	<p><u>Quality and Safety Report:</u> - Children and Young People - Learning Disabilities and Autism - Mortality - Planned Care - Regulated Care</p>	

	<p>K Lord asked the committee to note the report for Children and Young People will go to the Children and Young people's Board for commissioning oversight.</p> <p>RESOLVED: That the Quality Committee note the attached reports.</p>	
12.	<p><u>Risks and Escalations</u></p> <p>C Marshall updated the committee with patient safety risks. An increase in Never Events has been noted and the addition of two Regulation 28 for provider organisations have been issued. The committee agreed that an in-depth update would be brought to July's meeting.</p>	CM/LC
13.	<p><u>ICB Risk Register Report</u></p> <p>C Moore introduced the Risk register Report and outlined the strategic and corporate risks. The dashboard is produced monthly and is presented to the Executives for oversight. The Board Assurance Framework reported on quarterly.</p> <p>The deep dive into Continuing Health Care (CHC) risk, is to be added to the workplan.</p> <p>Item to be deferred to July meeting.</p>	LC
14.	<p><u>System Quality Group – Update from the meeting Held on 14 June 2023</u></p> <p>S O'Brien updated the group, System Quality Group received an update from Andrew Watson at Health Education England regarding trainee doctors and how we can use the soft intelligence reporting systems to report quality issues around their training in practices.</p>	
15.	<p><u>Items for Risk Register</u></p> <p>None raised</p>	
16.	<p><u>Committee Highlights Report to the Board</u></p> <p>S O'Brien requested the following are highlighted to the ICB Board:</p> <ul style="list-style-type: none"> ● Alert risks around maternity funding ● Dental access and waiting time inequalities ● Never Events ● Inpatient regulation 28 ● Autism Spectrum Disorder (ASD) ● Learning Disability Inpatient numbers 	LC
17.	<p><u>Reflections from meeting:</u></p> <p>D Levy requested the patient story was shared with the Trust. K Lord confirmed that feedback is given where a patient or staff story is submitted.</p> <p>The Chair requested that system issues are considered.</p>	
18.	<p><u>Date, Time, and Venue of Next Meeting</u></p> <p>The next meeting would be held on Wednesday, 19 July 2023, 1:30pm to 4:00pm, in Boardroom 1, County Hall.</p>	

