

Approved 24 January 2024

**Minutes of the ICB Quality Committee Held on
Wednesday, 20 December 2023, 1.30pm-3.30pm
in Lune Meeting Room 1, ICB Offices, Level 3 Christ Church Precinct,
County Hall, Preston, PR1 8XB**

Name	Job Title	Organisation
<u>Members</u>		
Sheena Cumiskey (SC)	Chair/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
David Levy (DL)	Medical Director	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
Geoff Jolliffe (GJ)	Partner member for primary medical services	L&SC ICB
Arif Rajpura (AR)	Director of Public Health	Blackpool Council
Bridget Lees	Executive Director of Nursing, Midwifery, AHP and Quality	BTH
David Eva (DE)	Independent Lay Member	L&SC ICB
<u>Attendees</u>		
Caroline Marshall (CM)	Associate Director of Patient Safety	L&SC ICB
Andrew White (AW)	Chief Pharmacist	L&SC ICB
Joseph Hannett (JH)	Voluntary, community, faith and social enterprise (VCFSE) Representative	VCFSE
Claire Lewis (CL)	Associate Director, Quality Assurance	L&SC ICB
Ann Dunne (AD)	Director of Safeguarding	L&SC ICB
Davina Upson (DU)	Business Manager	L&SC ICB
Lindsey Graham (LG)	Advocacy and Healthwatch Director	Healthwatch
Debbie Wardleworth (DW)	Associate Director of Learning Disability and Autism	L&SC ICB
Caroline Waldron (CW)	Designated Nurse for Children in Care and Care leavers	L&SC ICB
Kirsty Cleary (KC)	Designated Nurse Children in Care and Care Leavers	L&SC ICB

Item No	Item	Action
1.	<p><u>Welcome, Introductions and Chair's Remarks</u></p> <p>The chair welcomed members and reflected on the good discussion which had taken place earlier at the workshop, noting the main themes focused on ensuring clarity on the assurance which members receive through the submitted reports. By providing the supporting evidence quality committee members will be able to ensure that patients are safe, receive effective services and have a positive experience, which what members are accountable for.</p> <p>The meeting would not be quorate until Mark Warren joined, and therefore it was agreed to commence the usual business items which did not require any decisions to be made.</p> <p>Caroline Waldron, Kirsty Cleary (Item 6) and Debbie Wardleworth (Item 7) were welcomed to the meeting, they were in attendance from the start of the meeting ahead of presenting their respective items.</p>	
2.	<p><u>Apologies for Absence</u></p> <p>Apologies were received and noted from Debra Atkinson, David Eva and David Blacklock, standing apologies from Debbie Corcoran.</p>	
3.	<p><u>Declarations of Interest</u></p> <p>The declarations of interest were noted from the papers relating to:</p> <ul style="list-style-type: none"> - Item 9: Risk and Escalation and the conflict was noted as being Bridget Lees, Chief Nurse, Blackpool Teaching Hospitals with the committee noting that they were content for Bridget to remain in attendance during the discussion. <p>RESOLVED: That the above declarations of interest relating to the items on the agenda were noted with no action required.</p> <p>(a) Quality Committee Register of Interests.</p> <p>RESOLVED: That the register of interests was received and noted.</p>	
4.	<p>(a) <u>Minutes of the Meeting Held on 15 November 2023, Matters Arising and Action Log</u></p> <p><i>Mark Warren and Arif Rajpura joined the meeting.</i></p> <p>The minutes from the 15 November 2023 were approved as an accurate record of discussions.</p> <p>RESOLVED: That the minutes of the meeting held on 15 November 2023 were approved as a correct record.</p> <p>(b) <u>Action Log</u></p> <p>The following actions were closed from the action log:</p> <p>Ref No - 1: Terms of reference.</p>	

	<p>Ref No - 2 and 2.1: Assurance on Secure and Non-Secure Mental Health Services Ref No – 3: Quality Accounts Ref No – 5: LD/A</p> <p>Ref 5.3 Safety D Levy to share the copy the ICB response letter and the action can be closed. The response letter was circulated to all members post meeting.</p> <p>Ref No 6: BTH staff Criminal Prosecution Action closed as staff were sentenced last week.</p> <p>Ref No 13.1 – CHC Deep Dive has taken place.</p> <p>Ref No 13.2 – Action closed as this was included within the regulated care update.</p> <p>Ref No 14: Antimicrobial Report – this has been added to the work plan for an update to be provided on a quarterly basis.</p> <p>Ref No 17: Implementation and monitoring of the 10 high impact changes (UEC) Discussed through IAGs in December 2023 and therefore closed for quality committee. With a challenge to ask the 4 place directors to prioritise within systems.</p> <p>Ref No 20. Harms Review Claire Lewis advised that the November data included up to June 2023, and across Trusts ELHT has the greatest number of outstanding cancer harm reviews to complete. The cancer alliance are clear on the status for each trust and monitoring and managing this. Caroline noted a task and finish group with all patient safety and cancer lead nurses is being established to design a standardised approach to undertake harm reviews.</p> <p><u>Action log Updates</u></p> <p>Ref No 13.3: Long waits for ASD/ADHD Sarah advised the work has been agreed to continue with clinical partners with no additional cost. The end-to-end pathway will be brought back in Q4.</p> <p>RESOLVED: That the action log is updated as detailed.</p>	
5.	<p><u>Patient Story/Experience</u></p> <p>The patient story was circulated to the committee in advance of the meeting, in order that comments could be provided for themes to be formulated in readiness for the committee meeting.</p> <p>The story this month related to experiences on maternity loss and the key themes were noted:</p> <ul style="list-style-type: none"> • Lack of communication both internally within the organisation but also between the team. • The patient was unable to access their records due to the clinical system not supporting this. • The timing of the calls (contact) from the professionals were received one week post the baby passing away. <p>K Lord advised that she had approached maternity leads for an update further to this disturbing story being shared and was advised that there was acknowledgment of the poor levels of communications, and work is being undertaken with the teams to ensure</p>	

	<p>that improvements are made across the boundaries by listening and reflecting as to what would have made difference.</p> <p>A significant level of distress was also encountered by the professional staff who were not aware of the death of the baby, and there is commitment that the work being undertaken will protect both families and staff. Assurances have been provided that this work is showing changes being made at a fast pace.</p> <p>Training needs have been identified relating to bereavement which is being undertaken with a specialist team working across teams and having trauma support specific to the family available.</p> <p>The IT system is being reviewed to ensure that this supports clinicians to ensure that medical notes are available.</p> <p>S O'Brien commented that as part of the maternity guidance there is a requirement to have an independent advocacy role and Lancashire and South Cumbria is the only area to currently employ this role and in moving forward independent advocacy will always be involved.</p> <p>Members noted that work is being undertaken to address the key learning and the chair requested that an update is brought to committee to advise what further action has been taken.</p> <p>RESOLVED: That members noted the work undertaken to immediately address these issues raised and further feedback will be provided on the actions taken.</p>	KL
6.	<p><u>NHS Lancashire and South Cumbria Integrated Care Board Children in Care and Care Leavers Health Strategy</u></p> <p>C Waldron and K Cleary presented the item noting that the full strategy (2024-2026) had been shared with the committee papers.</p> <p>An overview was provided that following the publication of the Independent Review of Children's Social Care in May 2022, the need for Integrated Care Boards to reflect their contribution to the review's vision within their strategic plans was identified. The government's response to the UK Care Review 'Stable Homes, built on love' consultation, published in September 2023, outlined that strengthened corporate parenting responsibilities will also be extended to relevant public bodies including ICBs within the next 18 months.</p> <p>The ICB's Joint Forward plan 2023, identifies children in care and care leavers as a priority population group, to improve health outcomes and reduce inequalities and the strategy seeks to further detail the required activity to achieve this alongside delivery against the ICB statutory responsibilities and corporate parenting duties, providing a robust framework for achieving compliance with statutory responsibilities/duties and reduction of health inequalities of a vulnerable population and recognises the interdependencies with local authorities in their lead role as corporate parents for children in care and care leavers.</p> <p>The benefits were noted to include compliance with guidance and corporate parenting responsibilities, which the principles will be embedded and have corporate parent champions in each of the health settings. Children in care and care leavers will be actively supported as part of the participation offer to influence, inform, and shape pathways and improvement programmes.</p>	

	<p>Any risks relating to performance are on the risk register with additional mitigation and controls in place to address any risk.</p> <p>Members were advised that should the strategy be endorsed that the aim would be to share this across the wider health and social care workforce to develop a delivery plan. Assurance on the delivery of the strategy would be reported to quality committee as part of the safeguarding quarterly dashboard and would include feedback from stakeholders.</p> <p>It was further noted that Lancashire and South Cumbria ICB are the only ICB who are at this stage with the strategy.</p> <p>Lindsey commented on the positive inclusion of the ICB including the views of the children through consultation and engagement to co-produce and inform health service delivery and commissioning of services, and queried if there would be an opportunity to be bolder with measures of success, through objectives on the delivery plan.</p> <p>Arif advised that the local authority have supported care leavers through employment and suggested that the NHS supports proactively also. It was noted that there is a commitment to commence this with outcomes on the delivery plan surrounding education and employment as a long-term aspiration.</p> <p>Members were advised that no financial implications have been identified at the current time and were advised that as an ICB this is a required strategy and that the commencement of this is imperative.</p> <p>The chair expressed the committees' thanks for a very well put together document and drew attention to the last page which highlights the measures of success, with Sarah O'Brien noting the level of work undertaken as a wider system.</p> <p><u>RESOLVED</u> The strategy, along with the governance and oversight arrangements were approved.</p> <p><i>Caroline Waldron and Kirsty Cleary left the meeting.</i></p>	
7.	<p><u>LeDeR annual report</u></p> <p>Debbie Wardleworth advised the LeDeR annual report had been developed to reflect learning and actions taken following the completion of LeDeR reviews between April 2022 – March 2023 and forms part of the national intelligence on raising the health inequalities and profile of people with a learning disability and autistic people, with an additional focus on what actions are planned to address the issues identified.</p> <p>It was noted that a significant amount of work had been undertaken since March 2023 and the following was highlighted:</p> <ul style="list-style-type: none"> • A significant backlog has been inherited from CCGs with a lack of reports having been undertaken which can skew the data. • A change to the local governance processes including the introduction of the Lancashire and South Cumbria ICB LeDeR Panel, attended by multiagency partners to quality assure focused reviews and agree actions prior to sign off. • An action from a learning workshop has been introduced whereby the progress of actions are reviewed, with an escalation route to address challenges or barriers to progress learning into action. 	

	<ul style="list-style-type: none"> • Ensure that at each panel areas for improvement are progressed. • Within this reporting period there were 139 deaths in Lancashire and South Cumbria • The data relating to ethnic minorities is difficult to obtain as whilst trusts can report on a platform the data remains as predominantly white British with colleagues being contacted to understand this. • There has been a rise in deaths relating to respiratory from 38% in the previous year to 58% in this reporting period and colleagues from population health are providing support to understand the needs through respiratory physicians. • Work is being carried out with the primary care team encourage attendance for annual health checks (75% target set by NHSE) as patients continue not to attend these appointments. There is a plan to hold a health inequalities event early next year (2024). • There has been difficulty in obtaining lived experiences and to address this the team have started to attend existing groups to get feedback. <p>Members were advised that further to NHSE feedback the team from LSC ICB have been asked to share their governance arrangements with 2 other northwest teams due to the levels of assurance which have been noted.</p> <p>Members were asked whether the submitted report provides an assured mechanism to be able to feedback as to where there is learning and where adjustments need to be made and whether this can be shared with NHSE.</p> <p>Discussion ensued with Mark commenting that the issues being noted relating to respiratory have been the same over the last 9 years, especially as only one third of patients have received a health action plan who have passed away in the last 12 months and what can be undertaken as a system additionally to address this through primary care.</p> <p>Further suggestions were made for correspondence to be issued to system partners to request support, alert the PCN clinical directors to the health inequalities and request support from them and if a serious incident panels identified a patient with learning disabilities, they could engage with Debbie to triangulate.</p> <p>Joe referenced whether this was something which could be addressed through Nexus (service outliers) and further discussion on this was important.</p> <p>It was agreed that there would be an alert to the ICB Board regarding the work which needs to be undertaken to address the health inequalities for these vulnerable groups as the mortality rates remain worse than national average. With a request for a system commitment to improve, suggesting that PCN clinical directors could support improvements in annual health checks including contracts for supported living providers to take responsibility for attendance at health checks.</p> <p>The chair commented that within the next report that there should be explicit reference as what has taken place as a consequence of these discussions.</p> <p>RESOLVED: That Quality Committee members approved the report with the inclusion of some narrative relating to the discussion held.</p>	SOB
8.	<p><u>Quality and Safety Report:</u></p> <p>Claire Lewis spoke to the circulated quarterly quality and safety update in relation to the areas of responsibility and highlighted:</p>	

CYP

- Access to CYP therapies remains a challenge with extended waits and a desktop review of current service provision is underway with a prioritisation process to understand key risks and agree timescales for review.
- Remains a fragile service which is a key theme across all reports in this quarter.
- Detailed update relating to the statutory /contractual issues for SEND.

RESOLVED: That members noted the content of the report

LD/A

- Demand for Adult Autism assessments has increased by 82% against modelling undertaken in 2022.
- Investment has been agreed in December 2023 to allow the waiting list to be maintained, recognising the financial risk and potential of inconsistent quality of assessments that right to choose could present.
- Anticipated that the waiting list will be approx. three thousand by March 2024.
- Waiting times for CYP Autism Assessment are significant, and CYP colleagues are at the initial stages of investigating a ND pathway approach to offer a commissioned solution. However, the lack of Adult Autism Assessment contract, will impact upon those CYP who are on the waiting list for assessment, and unlikely to receive this prior to reaching adulthood.
- Recognise that the long stay in hospitals have been impacted by the CQC ability to regulate and register new providers.
- The Learning Disability Specialist beds (if agreed) would not be available until March 2025 and a suggestion was made to discuss with LSCFT as to how the service can be provided in existing cohorts with updates to committee through LD&A reports.

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

Mortality

- All Acute Trust SHMI rates within 'expected' levels.

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

Care Sector Report

- A dedicated ICB Adult Social Care (ASC) programme is established, with overarching programme priorities and deliverables agreed and aligned to risk.
- 78% of care homes in LSC are rated good or outstanding.
- Changes in the ICB Care Sector/All Age Adult Continuing Care teams are taking place to strengthen and address variation in the contract monitoring arrangements across commissioned providers.
- A significant improvement on the numbers of ASC NHS contracts signed and returned across the whole of the ICB.
- A framework for the assessment of enhanced care needs/requesting funding for one-to-one care has been developed providing best practice guidance.
- The ICB ASC Workforce workstream is supporting 78 apprenticeships across ASC providers and 58 learner placements and facilitated over £170k levy funding to support smaller providers.
- The Training Hub offers over 88 training courses, which have been accessed by more than 1300 care staff and nurses from more than 186 care provider organisations.

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

CL

	<p><u>Regulated Care</u></p> <ul style="list-style-type: none"> The report includes a programme plan summary and information about a dedicated Adult Social Care programme which has been established within the ICB, with oversight of key priority workstream deliverables and with key priorities aligned to risks. <p>RESOLVED: That quality committee members noted the content of the report.</p> <p><u>Planned Care</u></p> <ul style="list-style-type: none"> Governance structures across the ICB for the Planned Care programme are now established – ECPB with associated sub-groups and work programmes. GIRFT Speciality Pathways ‘Further Faster’ Approach: this approach is to bring together clinicians and operational teams from Trusts with the challenge of how we can collectively go ‘further and faster’ to transform our pathways <p>RESOLVED: That quality committee members noted the content of the report.</p> <p>David Levy commented that the ICB has statutory responsibilities regarding palliative care, but funding is not currently ring-fenced and current resources are sub-optimal and there needs to be a review of resource allocations as part of prioritisation work.</p> <p>It was agreed to add an agenda item to the February 2024 agenda under the ‘Risk’ item for an update on fragile services further to a discussion taking place as to the quality outcomes and to consider the committees role. David Levy to share a list of fragile services to members in order to have clarity as to what is meant by this term.</p> <p>Joe commented on the need to consider the approaches to services to work as a system and look widely to incorporate community assets to assist with fragility of services. Noting that there is a significant amount of work being undertaken in voluntary services but this is potentially happening in isolation.</p> <p>A steering group for the neurodevelopmental pathway has been established and Healthwatch stated they wish to be involved as they are running a project which would be helpful to tie together.</p>	SOB
9.	<p><u>Risk:</u></p> <ul style="list-style-type: none"> Risks and Escalations Emerging Provider Risks Quality Risks/Risk Management Report <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"> Inpatient suicide of a male on Dova Ward, South Cumbria was reported to the ICB within a few hours of the event on 15th November 2023. Members noted that the police were advised and all staff are being supported. This was the first patient safety incident under PSIRF for this organisation. UHMB have notified the ICB of an upcoming baby’s inquest that has been delayed for a number of years. The baby death has attracted media attention and is likely to be subject to further media scrutiny. NHS England have received a Prevention of Future Deaths notification from a local Lancashire Coroner (regulation 28). The notice relates to the tragic death of a young lady who suffered a stroke and who was not able to receive mechanical 	

	<p>thrombectomy within the therapeutic 6-hour window due to the limitations on the service provided by LTHT and commissioned by Specialised Commissioning.</p> <ul style="list-style-type: none"> • Primary care (Blackpool practice) employed a locum nurse via a recruitment agency (resided in London). During her time in the practice she undertook cervical screening on 4 ladies; the Manchester Laboratory reviewing the screening samples alerted NHS England to the fact this nurse was not suitably qualified to undertake this screening work. All patients are on the correct pathway with the case being passed to London colleagues and the NMC are involved. • Work is being undertaken with the coroner from South Manchester as a regulation 28 has been received relating to an overdose death in GM, this has been sent to the three North West ICB and other partners. The response will be shared with quality committee for information and assurance of learning. <p>RESOLVED: That Quality Committee members receive the report, noting the actions being taken to mitigate.</p>	CM
10.	<p><u>All Age Continuing Care (AACC) and Individual Patient Activity (IPA) Update paper</u></p> <p>Sarah O'Brien spoke to the circulated paper and drew attention as follows:</p> <ul style="list-style-type: none"> - Evidence of improvement in quality KPIs across the service. - There are financial challenges noting that as of Month 7 (end October 23) the year to date (YTD) overspend variance is £50.6m and the forecast annual overspend (FCO) for AACC and IPA is £80.7m. Both proportionately and in absolute terms this is one of the highest overspends for this budgetary area of any ICB. - The service has £21m of QIPP savings to make in this financial year. Although this is currently behind the delivery profile (due to the time taken to agree and mobilise the recovery schemes), and a forecast of £8.3m was reported in Month 7, it is anticipated that this gap will be closed as the year progresses. - Whilst staffing has been in housed there remains some vacancies. - Quality Premium (QP) at the end of November 23 (48%), which is just below the target of 50% for Q3. <p>Mark commented on how the service is being progressed and queried whether the recruitment model is to have place-based teams which Sarah advised was the model being adopted.</p> <p>The chair reflected on the challenges which CHC faced last year and that the key metrics submitted have shown a significant improvement, with thanks extended to Sarah for leadership and to the team for such a significant improvement having been made.</p> <p>The commitment is given to the ensure that support remains available to the team to continue to deliver.</p> <p>Members were assured regarding the progress and improvements to quality targets in relation to AACC.</p> <p>RESOLVED: Members noted the contents of the paper and approved the recommendations.</p>	
11.	<p><u>Feedback from System Quality Group</u></p> <p>Kathryn advised members that the System Quality Group (SQG) had been functioning now for 12 months and that a workshop was held on 13th December 2023, to provide a reflection on the year and agreed priorities for next year.</p>	

	<p>It was noted that SQG meets the national guidance and is well attended. Kathryn agreed to circulate an update to members for their information and to ensure that quality committee receives detail of SQG priorities for next year, with all members to have open invite to attend SQG should this be of interest to them.</p> <p><u>Post Meeting Note</u> This detail was circulated to members on 8 January 2024.</p> <p>RESOLVED: That members were advised of the progress being made through system quality group.</p>	<p>KL ✓</p>
<p>12.</p>	<p><u>Public Involvement Engagement and Advisory Committee Chair’s report</u></p> <p>It was agreed to defer this item to the January 2024.</p> <p>RESOLVED: To be added to the January 2024 agenda.</p>	<p>DU ✓</p>
<p>13.</p>	<p><u>Quarterly antimicrobial report</u></p> <p>A White spoke to the first report on antimicrobial to the committee and members noted that a board has been established with good representation from Northwest stakeholders and both primary care and dental colleagues to review infection control risks across the system.</p> <p>The Board oversees two operational groups to ensure strategic approach and system oversight:</p> <ul style="list-style-type: none"> • Infection, Prevention and Control (IPC) Collaborative • Antimicrobial Stewardship (AMS) Committee <p>Members were advised of:</p> <ul style="list-style-type: none"> • The deteriorating patient (prevention of sepsis) • Gaps in data to understand the impact of dental prescribing and poor access to oral healthcare • Lancashire and South Cumbria has one of the highest rates of C.difficile in the country <p>Andrew assured the committee that a project list has been agreed at the Board and responsibility for delivering on these areas will be delegated to the AMS Committee or IPC Collaborative as appropriate.</p> <p>Although there are system wide issues in dental decay, the focused work that has been undertaken in Blackburn with Darwen has demonstrated that collaboration, community verbalisation/engagement and access to brushing materials can make a difference, having achieved an 11% reduction in child dental decay. This focused work can be replicated on a wider scale and will bring about improvements.</p> <p>Arif commented on the health inequalities impact of AMR (antimicrobial resistance) on certain groups within our communities and it was agreed to alert the ICB board to this matter.</p> <p>RESOLVED: That members noted the content of the report and acknowledged the work planned to address.</p> <p><i>David Levy left the meeting.</i></p>	

<p>14.</p>	<p><u>LSCICB self-assessment against National Quality Board guidance and NHS England statutory quality requirements</u></p> <p>K Lord advised members that the ICB Quality Directorate is undertaking a self-assessment against the NQB’s guidance for systems and ICB statutory requirements for quality and that a full report will be brought back to a future meeting.</p> <p>RESOLVED: That Quality Committee members receive the report.</p>	
<p>15.</p>	<p><u>Pan Lancashire CSAP Annual Report</u></p> <p>A Dunne advised that this report is to provide assurance that safeguarding duties have been discharged and that there has been positive impact for the children and families within the safeguarding system and that their views are taken into consideration and influence change.</p> <p>It was noted that this is the final report in this format as the multi-agency safeguarding arrangements for children have been reviewed and it has been determined that a change is required from a Pan Lancashire arrangement into Place based board arrangements. Therefore, the responsibility for ensuring identified and outstanding actions and workflows are progressed will be assumed by the newly formed Boards.</p> <p>Members were advised that future key changes will be advised to the committee through the safeguarding reports.</p> <p>RESOLVED: That Quality Committee members noted the content of the report.</p>	
<p>16.</p>	<p><u>Committee Escalation and Assurance Report to the Board</u></p> <p>The following was agreed with the committee Chair outside of the meeting and included in the report to the Board:</p> <p>ADVISE</p> <ul style="list-style-type: none"> • Item 6 - Children in Care and Care Leavers Strategy • Item 8 – Quality and Safety Report • Item 11 - Feedback from SQG (System Quality Group) • Item 13 - Quarterly AMR (Anti-microbial resistance report) <p>ASSURE</p> <ul style="list-style-type: none"> • Item 7 - Learning Disabilities Mortality Review [LeDeR] Annual Report • Item 10 - AACC (All Age Continuing Healthcare) and IPA (Individual Patient Activity) Update <p>ALERT</p> <ul style="list-style-type: none"> • Item 8 – Quality and Safety Report (including health inequalities) 	
<p>17.</p>	<p><u>Items referred to other committees</u></p> <p>Nothing included to raise with other committees.</p>	
<p>18.</p>	<p><u>Any Other Business</u></p> <p>Joe and Sarah to discuss outside of the meeting the quality improvement tool</p>	<p>SOB/</p>

	contained in the LeDeR report.	JH
19.	<p><u>Items for the Risk Register</u></p> <p>Nothing to be added to the risk register from this meeting.</p>	
20.	<p><u>Reflections from the Meeting</u></p> <p>Was the committee challenged? It was felt that there was opportunity for challenge throughout the meeting.</p> <p>Making a difference? It was agreed that the oversight of CHC has made a difference and that further improvements will be seen over the coming year and that the Children in Care Strategy/Care Leavers work should make a positive impact.</p> <p>The chair conveyed personal thanks to all members or their continued hard work throughout the year and the value which this had added through their input and contributions.</p> <p>RESOLVED: That the Quality Committee note the comments made.</p>	
21.	<p><u>Date, Time and Venue of Next Meeting</u></p> <p>The next meeting would be held on Wednesday, 24 January 2024 at 1.30pm, Lune Meeting Room 1, ICB Offices, County Hall, Preston.</p>	