

Approved – 21 February 2024

**Minutes of the ICB Quality Committee Held on  
Wednesday, 24 January 2024, 1.30pm-3.30pm  
MS Teams**

<b>Name</b>	<b>Job Title</b>	<b>Organisation</b>
<b><u>Members</u></b>		
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
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
Arif Rajpura (AR)	Director of Public Health	Blackpool Council
<b><u>Attendees</u></b>		
Debra Atkinson	Company Secretary / Director of Corporate Governance	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
Peter Chapman (Item 9)	Head of Safeguarding	L&SC ICB
Sophie Singh-Jagatia (Item 10)	Senior Quality Officer	L&SC ICB
Claire Moore (Item 12)	Head of Risk, Assurance and Delivery	L&SC ICB

<b>Item No</b>	<b>Item</b>	<b>Action</b>
1.	<p><b><u>Welcome, Introductions and Chair's Remarks</u></b></p> <p>The chair welcomed colleagues to the first meeting of 2024 and expressed thanks for joining via Teams due to the concerns surrounding the weather.</p> <p>Colleagues Sophie Singh-Jagatia (Item 10) and Peter Chapman (Item 9) were welcomed to the meeting noting that they were in attendance from the start of the</p>	

	<p>meeting ahead of presenting their respective items.</p> <p>It was also noted that Joe Hannet would need to leave the meeting at approximately 2.45pm.</p>	
2.	<p><b><u>Apologies for Absence</u></b></p> <p>Apologies were received and noted from David Eva, David Levy, David Blacklock, Caroline Marshall, Ann Dunn, Bridget Lees and standing apologies from Debbie Corcoran.</p>	
3.	<p><b><u>Declarations of Interest</u></b></p> <p>The declarations of interest were noted from the papers relating to:</p> <ul style="list-style-type: none"> <li>- Item 9: Risk and Escalation and the conflict was noted as being Bridget Lees, Chief Nurse, Blackpool Teaching Hospitals, however apologies had been received from Bridget for this meeting.</li> </ul> <p><b>RESOLVED: That the above declarations of interest relating to the items on the agenda were noted with no action required.</b></p> <p><b>(a) Quality Committee Register of Interests.</b></p> <p>Arif commented that his name is spelt incorrectly in the register 'Arij' and this would be altered on the register of interests.</p> <p><b>RESOLVED: That the register of interests was received and noted with the above amendment.</b></p>	
4.	<p><b><u>(a) Minutes of the Meeting Held on 20 December 2023, Matters Arising and Action Log</u></b></p> <p>The minutes from the 20 December 2023 were approved as an accurate record of discussions.</p> <p>Joe advised that Sarah and himself were yet to discuss the quality improvement tool contained in the LeDeR report and Sarah agreed to arrange this.</p> <p><b>RESOLVED: That the minutes of the meeting held on 20 December 2023 were approved as a correct record.</b></p> <p>Arif commented on the number of papers which had been circulated ahead of the meeting for reading and review, suggesting for each author to lead the paper at the meeting to pull out the key issues. Sarah recognised the challenge advising that the executive summary should provide this overview.</p> <p>Debra advised that guidance is available for the completion of the executive summaries noting that these are to provide an overview and intention of the paper drawing out any pertinent points. A further suggestion was made for all cover sheets to be placed at front of the agenda pack so that these can be reviewed immediately, with the full papers following.</p> <p>The points raised were noted with work to be undertaken to review the executive summary in order that the members receive sufficient detail within this section. Sarah agreed to ensure that the cover sheets were more robust, taking on board the comments made.</p>	<p>JH/SOB</p> <p>SOB</p>

**(b) Notes from Quality Committee Workshop – 20 December 2023**

The notes from the 20 December 2023 quality committee workshop were approved as an accurate record of discussions.

**RESOLVED: That the notes of the workshop held on 20 December 2023 were approved as a correct record.**

**(c) Action Log**

The following actions were closed from the action log:

Ref No 4 – Quality and Safety Update

Ref No – 5.5: Learning from Serious Incident MIAA.

Ref No - 15: NHS Impact – plan for improving patient care.

Ref No - 16: Interim guidance assessing integrated care systems.

Ref No - 23: Patient Experience

Ref No 24: SI reporting dashboard

**Action log Updates**

**Ref No 5.2: Mental Health**

Claire advised that the quality and safety report brought to committee in September 2023 referenced the initial response service (IRS) with the November 2023 report providing a detailed narrative. Members noted that IRS has been rolled out to all locality areas with monitoring in place and detail will be included in the mental health report to committee. Agreed to close as business as usual.

**Ref No 18 Local Authority Housing Strategy**

Mark advised that Lancashire County Council had hosted their first meeting to review housing strategies across Blackpool, Blackburn with Darwen (BwD) and Lancashire, noting that BwD doesn't have a housing strategy, and this is being addressed to create a market mapped to needs. Members noted that this work was in its infancy on a regional approach but were assured that this being addressed over the next 12 months. Agreed to close.

**Ref No 19: UEC long waits**

This was on the agenda and therefore closed in the current format.

**Ref No 21: Primary Care Quality**

This was on the agenda and therefore closed in the current format.

**Ref No 24: SI reporting dashboard**

Agreed to close.

**Ref No 25: Improvement and Assurance Groups (IAG)**

It was noted that the AAA reports from the IAG meetings would be circulated to members for information once approved at the system recovery and transformation board. Action closed.

**RESOLVED: That the action log is updated as detailed.**

**5. Patient Story/Experience**

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.

The story this month related to Stopping Over Medication with a Learning Disability and or Autism (STOMP) and the key themes were noted:

- It was a change to see a video which was portrayed well, highlighting how people were purely circling the person and not having any impact.
- Members were shocked with regard to the number of people that this can impact and didn't previously appreciate the scale of this agenda.
- That medications were reviewed and then just stopped.
- Where is the patient heard and who is talking to the person to understand their feelings?
- The impact on both the family and the individual.
- Actions had been taken across the ICB and nationally, with this story being taken through the System Quality Group with key actions across different agencies and patient groups.

Kathryn advised that because of this story several meetings have been scheduled for learning disability lead pharmacists and consultant nurses to check the progress of STOMP clinics.

It has been highlighted that work needs to be undertaken with GPs to ensure that their work is part of the monitoring of primary care and understand any barriers such as time and what training needs are required. Debbie Wardleworth will bring back updates to the committee to show impacts which have been made regarding the integration and effectiveness of community LD Teams.

The areas of concern raised are not isolated to healthcare and further work is required with local authority and social care to identify what training is needed.

Inequalities leads are working across social and primary care to explore equality and inequality across the area to look at where services need to be targeted. Andrew White referenced a GP practice in Blackburn with Darwen which has joint posts and is helping to embed the learning disabilities team within primary care.

Annual health checks at GPs were discussed as to whether these are being reviewed to understand where they are working well and how the learning is being shared. Lindsey commented on the low numbers of annual health checks and what is being undertaken to promote these and escalate any concerns about professionals through an independent forum. It was felt that this would be variable across providers. Sarah commented on learning from another story from which an independent phone line was made available to escalate concerns. Sarah to benchmark as to what services are available and where.

**SOB**

Members further discussed the challenges relating to raising concerns due to statutory regulations and that this was a small window of opportunity, but this needed to be considered as to how signposting can be provided for this sector.

Mark acknowledged the update provided in terms of actions being taken, noting that there needs to be clarity for the committee as to who is the target audience and where do they live, in order that assessments can be made as to how effective community learning disability teams are in Place to incorporate in objectives.

The chair commented on the very thought provoking and powerful story which requires person centered care to be available to assure members, with triangulation of assurance across services to ensure the best response for patients and families.

**RESOLVED: That members noted the powerful story which has been shared and the actions being taken to address.**

<p>6.</p>	<p><b><u>Listening and learning from patient experience</u></b></p> <p>K Lord advised that further to the quality committee workshop being held on 20 December 2023 where members considered a presentation on the importance and value of testimony (also described as “lived experience” narratives from patients and the public) a proposal has been developed to provide the patient stories in different formats, such as written, video and audio with some personal presentations where appropriate.</p> <p>Members were asked to approve a proposed schedule of stories aligned to the committee priorities and these were noted in the paper.</p> <p>It was proposed that any actions arising from the story would be captured in the minutes along with any recommendations, with a response from the committee or delegated to Professor Sarah O’Brien on behalf of the Committee, would go to the patient to thank them and outlining action as a result of their contribution.</p> <p>Joe advised that whilst he agreed with the schedule, he had concerns that the actions arising from the story in terms of minutes and actions logs would produce additional work. Kathryn assured that this would not be additional work but form part of the recovery program to ensure that transformation work includes the actions from the stories.</p> <p>Debra commented that it was helpful to receive this detail and clarity, which would assist with the production of the committee workplans for which work is being commenced and ensure that the interdependencies between committees are clear. Further noting that the PIEAC currently oversees patient experience as stated in the terms of reference and delivery of working with the community’s strategy.</p> <p>Sarah noted the importance of agreeing how the actions are recorded and for clarity to be provided as to what the next steps are following a story being shared.</p> <p>Sarah and Debra to discuss outside of the meeting the links between PIEAC and quality committee, noting that the patient experience aspect needs to be seated in quality committee and bring back to a future meeting.</p> <p><b>RESOLVED: That members noted the content and approved the schedule with further updates to be received as per the workplan.</b></p>	<p>SOB/DA</p>
<p>7.</p>	<p><b><u>Quality and Safety Report:</u></b></p> <p>Claire Lewis spoke to the circulated quarterly quality and safety update in relation to the areas of responsibility and highlighted:</p> <ul style="list-style-type: none"> <li>• That there have been significant leadership changes at University Hospitals of Morecambe Bay, with a 12-month secondment being agreed to support maternity from the ICB.</li> </ul> <p><b><u>Community Services</u></b></p> <ul style="list-style-type: none"> <li>• The Community Team transferred to the Primary and Integrated Neighbourhood Care (PINC) Team on 1 January 2024 with further discussions required on Place based roles.</li> <li>• Phase 2 of the vulnerable community services work has been agreed and is currently in the early stages of planning and includes the following pathways: Lymphoedema; Speech and Language Therapy; Orthotics; Phlebotomy; Autism Spectrum Disorder (ASD).</li> <li>• Significant issues regarding wound care provision have been highlighted within the</li> </ul>	

Fylde and Wyre, South Cumbria and North Lancashire and the commissioning requires review due to the pressures being noted.

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

#### Primary Care

- The dental access position remains similar as to what was previous reported through the deep dive to committee.
- Targeted dental access pathways have been deferred and contractors have been informed that as funding was not secured to progress these programmes within the current financial year, the process has been put on hold until April 2024 and the new financial year.
- There have been 134 unplanned closures of pharmacies in ICB locality since the beginning of July 2023. The increase in temporary closures, permanent closures, and the reduction in hours by 100-hour pharmacies is as a result of workforce and financial pressures.
- GP Practice Care Delivery workshop is being held on 31st January 2024. This will provide the opportunity to review how concerns with the delivery of care could be identified at an early stage and how these may be addressed.

Roy commented on the closures of pharmacies and the need to understand whether this is happening in certain areas, especially if because of these closures communities are left without services in rural areas particularly, further noting concerns that unplanned closures are taking place.

Andrew advised that the closures were mainly linked to the reducing drug spend and as consequence pharmacies are operating at a loss and therefore no longer sustainable.

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

#### Urgent and Emergency Care

- On call managers have reported increased calls due to the higher number of attendees.
- The proportion of patients with a length of stay (LOS) exceeding 21 days is increasing nationally and locally and is triggering a special cause variation using SPC. Claire advised members that she has asked for further detail on this matter to be included in the next report to committee to understand the impact from the patient experience perspective.
- Members noted the high-risk score for NWAS and therefore the increased likelihood of NHSE undertaking a review. Claire commented that there is the need to understand what is driving the risks and the impact seen on quality.

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

#### Medicines Optimisation

- Pharmacy First scheme is due to commence on 31st January 2024.
- Substantial savings have been achieved to balance ICB budgets (£21m – 7% of budget) £17m.

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

#### Equality, Diversity and Inclusion

	<ul style="list-style-type: none"> <li>• The report noted 46 EHIRAS in 2022/23 and this should be 2023/24 which Claire will correct.</li> <li>• The training available for ICB staff to carry out timely quality assessments and adhere to QIA approach will be increased.</li> <li>• The Engagement Appraisal Report noted the need for further engagement with people from deprived socio-economic backgrounds (i.e., people on low incomes) as these groups are likely to experience the most disproportionate impact because of any hospital site changes.</li> </ul> <p>An escalation to board relating to the pharmacy closures and the lack of progress on dental access was requested by members.</p> <p><b>RESOLVED: That quality committee members noted the content of the report.</b></p>	
8.	<p><b><u>Maternity update report - Ockenden Review update (Annual)</u></b></p> <p>Claire Lewis advised that the paper was presented to members to provide an updated position and overview of the current compliance of implementation of the Ockenden (2020) 7 Immediate &amp; Essential Action (IEAs).</p> <p>Since May 2022 the four provider trusts in Lancashire and South Cumbria have had an initial Ockenden visit undertaken which was led by the Regional Maternity Team with representation from the LMNS and Maternity and Neonatal Voice Partnerships (MNVP). Follow up visits have taken place in April 2023.</p> <p>Both East Lancashire Hospitals and University Hospitals of Morecambe Bay have declared full compliance with all 7 IEAs with the two remaining Trusts (BTH and LTH) advising full implementation of 5 out of 7, with the remaining 2 IEAs having action plans in place to achieve full compliance.</p> <p>The oversight and monitoring of progress against the actions will continue to be reported to the LMNS with the plan for further assurance visits to take place over 2024-2025.</p> <p>Claire advised that whilst an independent chair is sourced, she will continue to chair the maternity and neonatal assurance panel which has shown good engagement across the trusts.</p> <p>The slide decks included in the paper would be circulated to members under separate cover.</p> <p>Members were advised that an annual report will be submitted to committee in moving forward.</p> <p>Sarah noted that a maternity paper was taken to the ICB board on 10 January 2024 which provided oversight of a single plan at Trusts, confirming that maternity services are a national concern and the quality team continue to work with and provide support to trusts. It was also noted that neonatal mortality is receiving a lot of scrutiny and Sarah assured members that escalation processes are in place.</p> <p>Roy referenced that business intelligence colleagues are working to develop a local dashboard and queried whether this dashboard would be brought to committee, with Sarah noting that there is an agenda item on neonatal mortality in February 2024 and any emerging dashboard would be discussed.</p> <p>Discussion ensued relating to staffing models, and whilst the difficulty in recruiting</p>	

	<p>midwives was acknowledged, Sarah commented that the main issue related to the guidance for maternity staffing levels and obtaining a consensus from boards as to how the funded staffing levels align to the guidance to appropriately resource the units.</p> <p>Members were assured that any issue from key groups would be escalated to this committee.</p> <p><b>RESOLVED: That quality committee members noted the content of the report.</b></p> <p><i>Joe Hannett left the meeting.</i></p>	
9.	<p><b><u>Q3 Safeguarding Dashboard and Liberty Protection Safeguards Implementation</u></b></p> <p>Peter Chapman presented the quarterly safeguarding dashboard which detailed activity delivered relating to the ICBs Statutory Priorities, Partnership Duties, Duty to Co-operate and Place Based Escalations.</p> <p>Members noted the content of the dashboard which set out the range of activity that supports maintaining robust safeguarding arrangements.</p> <p>Peter highlighted the following areas:</p> <ul style="list-style-type: none"> <li>• A rapid review quality meeting was held in December 2023 in relation to the non-compliance of statutory and corporate parenting responsibilities in South Cumbria. Mitigations are in place and a follow up meeting scheduled for January 2024.</li> <li>• The ICB, in collaboration with Blackpool Teaching Hospitals, have supported an independent review of safeguarding children's arrangements within the acute and community BTHFT trust. The report is anticipated to be completed in January 2024.</li> <li>• Ongoing discussion as to how boards will be funded as the historical model is no longer appropriate.</li> <li>• The Serious Violence and Domestic Abuse agenda is a large area of focus with system partners and the ICB Safeguarding team are currently mapping the meeting structures and will review where they are best placed to influence and deliver statutory requirements of this agenda.</li> <li>• A 62% increase in cases through the court of protection has been seen in the last 12 months.</li> <li>• The ICB has completed a review of the existing CiC services and pathways mapping delivery against statutory and corporate parenting responsibilities. The options appraisal was presented to Execs and the preferred option for an inhouse CiC and CL team was endorsed. Next steps look to the mobilisation of existing provider services across to the ICB.</li> <li>• PREVENT – All NHS Trusts across L&amp;SC remain above 85% compliant on WRAP3 training.</li> <li>• Lancashire and Cumbria continue to see Extreme Right-Wing Terrorism (ERWT) as the predominant area of concern (45% and 70% respectively).</li> <li>• PREVENT funding has been reduced for the 4th consecutive year, as a result unable to fund commissioned support into services, e.g., schools.</li> <li>• Liberty protection safeguards (LPS) has been placed formally on hold until 'beyond the life of this Parliament'. Due to the lack of future direction, the ICB is focusing on how best to deliver its functions within the legal framework we have.</li> </ul> <p>Mark provided a personal note of thanks to Peter for the support which has been</p>	



	<p>provided to Blackburn with Darwen with the development of strategic and tactical level processes.</p> <p>Mark queried whether adult safeguarding needed to be strengthened for the purposes of this committee suggesting a dashboard for adults as there is not currently data available to the committee. Mark further referenced a slide deck which he had received and suggested that his be included as part of the triangulation to understand safeguarding issues. Sarah suggested that as the safeguarding agenda is a statutory function of the ICB Board that a future meeting of the Board should have a specific focus on this agenda item encompassing SEND and this would be included in the January committee AAA.</p> <p>Sarah acknowledged the volume of work which stretches across this agenda and referenced the new working together guidance which the safeguarding team will update on.</p> <p>Kathryn raised concerns relating to the national PREVENT funding being reduced and the high areas of risk, querying as to how this can this be mitigated. Peter advised that this issue has been flagged at boards and discussion is taking place as to what can be undertaken at a Pan Lancashire forum to support and develop tools.</p> <p><i>Claire Moore joined the meeting for Item 12.</i></p> <p><b>RESOLVED: That quality committee members noted the content of the report and understood the priorities and partnership duties.</b></p>	
10.	<p><b><u>Care Quality Commission (CQC) Inspection Readiness</u></b></p> <p>Sophie advised members that the purpose of the paper was to inform the Quality Committee about the new Care Quality Commission (CQC) inspection framework; give early insights into what this might mean for the Lancashire and South Cumbria System and the need for a work programme to prepare for inspection.</p> <p>Highlighting the following points:</p> <ul style="list-style-type: none"> <li>- The new Health and Care Act 2022 allows stringent scrutiny over the quality, performance and spending in each Integrated Care System.</li> <li>- The CQC were given new powers in 2022 under the above act allowing the them to provide an independent assessment of care at an Integrated Care System (ICS) level.</li> <li>- In April 2023 the CQC announced their new approach, enabling them to pilot their new inspecting powers with two Integrated Care Systems (underway).</li> <li>- In 2023 CQ announced a new approach using a single assessment framework, introducing 6 evidence categories to support inspectors structure their judgements and a subset of Quality Statements from the overall assessment framework, to help understand what the CQC expects.</li> <li>- It was noted that in anticipation of a system inspection the quality assurance team have identified the need for a structured approach and programme of work through benchmarking and ensuring that the ICB, as part of the ICS, is meeting the seventeen Quality Statements set out in the new CQC Single Assessment Framework.</li> <li>- Ensure that all ICB staff understand the new inspection framework and that ICB Executives and system partners have an established process for gathering ICS wide inspection evidence and for managing a system inspection.</li> </ul>	

	<p>Sheena thanked Sophie for presenting a very helpful paper.</p> <p>Mark offered to work with Sophie to ensure the link with local authority colleagues to provide support on integration and partnership working as the local authority will be interviewing service users' services users and front-line staff.</p> <p>Debra commented that the ICB will be assessed under a single assessment framework with a rolling programme for assessments and that the same scrutiny will be placed on the ICB as well as local authorities. The inspection will be against quality statements via themes and domains and are underpinned by provider quality statements.</p> <p>The chair acknowledged the need to align with local authorities on this work and that this needs to commence to ensure that the system is ready, requesting an update to committee in 3 months' time.</p> <p>It was agreed to include this discussion in the AAA report to board as an alert to ensure that committees and board are aware of the requirements.</p> <p><b>RESOLVED: That quality committee members noted the new inspection framework and requested an update in 3 months.</b></p>	KL
11.	<p><b><u>Risk:</u></b></p> <ul style="list-style-type: none"> <li>- <b>Risks and Escalations</b></li> <li>- <b>Emerging Provider Risks</b></li> </ul> <p>Claire Lewis spoke to the report which was provided to ensure the Quality Committee is fully sighted on the current and emerging risks/escalations across Lancashire and South Cumbria the paper circulated outlined:</p> <ul style="list-style-type: none"> <li>• Key areas of escalation/risk</li> <li>• Consideration for patient safety, effectiveness and experience</li> <li>• Actions being taken to mitigate</li> <li>• Learning associated with the issues outlined</li> </ul> <p>The following areas were highlighted to members:</p> <ul style="list-style-type: none"> <li>- The ICB have been notified of two Prevention of Future Deaths notices issued to NHS England concerning NWAS emergency services related deaths. Relating to the death of a patient who had ingested a large quantity of propranolol tablets and declined to be taken to hospital by the police. Due to the lack of information on the NHS Pathways system to identify high risk overdoses and the lack of effective clinical review by NWAS, it was felt that these issues combined led to a delay in conveyance to hospital. The coroner also issued this PFD to all NW ICBs and NW emergency services.</li> <li>- A service who had contacted crisis services with the intent to attempt overdose of prescription medication and alcohol sadly died. Ambulance demand pressures and NWAS operating at level 4 of the PSP plan led to a delay of over 6 hours preventing the service user receiving timely medical and psychiatric treatment.</li> <li>- A patient had set fire to his room on Ribble Ward, Royal Blackburn Hospital and suffered serious burns and after being transferred to Manchester burns unit subsequently sadly died from his injuries. Further learning will be shared in due course.</li> </ul> <p>It was agreed to include in the report to board an alert and assurance on the high-risk prevention of future deaths and NWAS toxicity noting the immediate learning and action taken.</p>	

	<p><b>RESOLVED: That Quality Committee members receive the report, noting the actions being taken to mitigate.</b></p>	
<p>12.</p>	<p><b><u>Quality Committee Risk Management Update Report</u></b></p> <p>Claire Moore provided an update to members on the Board Assurance Framework (BAF) and the Corporate Risk Register (CRR) risks relating to the business of the of the Quality Committee, including a high-level summary risk dashboard which summarised the risks currently held on the ICB's risk registers (including those which relate to the business of other assuring committees of the ICB. Noting that there are 3 risks currently held on the BAF and 12 risks held on the CRR that are relevant to the committee's work.</p> <p>The following was highlighted:</p> <ul style="list-style-type: none"> <li>• BAF ICB019: National Oversight Framework (NOF) ratings of commissioned organisations and the ICB. The risk score has been increased to 16 and the target risk date to November 2025, with a further request to extend to December 2025 to align with timescales on National Oversight Framework.</li> <li>• The inclusion of one new risk had been added to the CRR (ICB-037) relating to medicines shortages which is impacting on clinical time and financial balance.</li> <li>• No risks were recommended for closure.</li> <li>• A significant review has been undertaken further to the operational planning submission on risk relating to the achievement of the ICB statutory financial duties. As a result of this the risk has been separated into 2 parts, finance and impact on quality, safety and experience outcomes. Sarah commented that this as also discussed at Finance and Performance committee with the financial challenge within the ICB having a potential to impact on quality.</li> </ul> <p>Andrew White commented that there needs to be a risk included relating to the community pharmacy closures and the impact of these, with Claire and Andrew to discuss outside of the meeting to align the risk score.</p> <p>Sarah advised that the CHC risk had been reviewed considering the improvements which have been recognised but due to the risk including finance as well as quality the risk score cannot be reduced.</p> <p>Members agreed that in moving forward it would be helpful to include an appendix providing a high-level summary of all the risks held on both the BAF and CRR to provide a broader view.</p> <p><b>RESOLVED: That Quality Committee members noted the content of the report.</b></p>	<p>AW</p>
<p>13.</p>	<p><b><u>Lancashire Teaching Hospitals (LTH) CQC 2023 Inspection - Summary Report</u></b></p> <p>K Lord spoke to a paper which detailed the outcome from the most recent Lancashire Teaching Hospitals (LTH) Care Quality Commission (CQC) inspection that took place on a number of dates between 31<sup>st</sup> May and 4th July 2023. Noting that there was particular focus on the Well Led domain, Maternity, Urgent and Emergency Care, Surgery and Medicine.</p> <p>The final report was published on 24<sup>th</sup> November 2023 and the findings of which were included in the report circulated to members noting:</p> <ul style="list-style-type: none"> <li>• Trust overall remains as 'requires improvement' and has been rated as this since November 2014.</li> <li>• Royal Preston Hospital (RPH) has seen no change in domain movement. The site rating is 'requires improvement'.</li> </ul>	

	<ul style="list-style-type: none"> <li>• The safe domain for Maternity at RPH has seen a deterioration from ‘good’ to ‘requires improvement’.</li> <li>• The overall domain for Maternity at RPH has seen a deterioration from ‘good’ to ‘requires improvement’.</li> <li>• The safe domain for Chorley and South Ribble Hospital has deteriorated from ‘good’ to ‘requires improvement’.</li> <li>• The overall domain for Chorley and South Ribble Hospital has deteriorated from ‘good’ to ‘requires improvement’.</li> </ul> <p>A quality deep dive was undertaken in December 2023 and when all the information (safety, experience and effectiveness) was considered, the evidence did not support LTH moving from a segment 3 to a segment 4 as per the national criteria.</p> <p>Following the inspection of maternity and a review of Trust data, CQC issued a letter of intent under section 31 of the Health and Social Care Act 2002. The Trust provided assurances in response and no regulatory action was taken as a result.</p> <p>The overall CQC position will be monitored by the ICB via the Sustainability and Improvement Plan, which has been drafted by the ICB Quality Team in conjunction with LTH and reflects the NHS National Oversight Framework (NOF).</p> <p><b>RESOLVED: That Quality Committee members noted the content of the report.</b></p>	
14.	<p><b><u>Primary Care Quality Group AAA report</u></b></p> <p>Kathryn advised that the Chair’s report from Primary Care Quality Group had been circulated for awareness of the quality committee, which included a number of concerns raised regarding capacity within teams to address the increasing number of concerns being raised about primary care providers.</p> <p>Members were advised that a workshop is scheduled to take place next week to review the work which is being triggered by the concerns being escalated in addition to capacity to deliver business as usual. Further to this review a detailed report will be brought to the committee to include processes as what may be required to continue to deliver on this agenda.</p> <p>The chair commented on this important item for the committee advising that a more focused discussion would take place at the February 2024 meeting considering the comments from the workshop.</p> <p>Members were asked for any comments on the circulated AAA to be made via email directly to Kathryn Lord.</p> <p><b>RESOLVED: That Quality Committee members note the content of the AAA and that further discussion will take place.</b></p>	KL
15.	<p><b><u>National Oversight Framework (NOF) ICB quality monitoring arrangements</u></b></p> <p>Kathryn advised on the approach being taken organisationally to work with trusts to support improvement to National Oversight Framework (NOF) positions.</p> <p>It was noted that the ICB hosts monthly Improvement and Assurance Group (IAGs) meetings, with the five trusts to manage and report evidence against the improvement and sustainability criteria, including performance, quality and finance. These meetings are executive to executive and replace the system improvement groups which were led</p>	

	<p>by regional colleagues for the responsibility of the oversight of delivery.</p> <p>A reporting structure is being reviewed for these meetings which will link to the NOF domains which are required to be reported against and this process was agreed to be brought to the February committee to present the overview of the flow of information as to gateway reviews for segmentation status and the legal NHSE undertakings.</p> <p>It was noted that the IAG meetings provide any areas of escalation through a AAA report to the ICB System recovery and Transformation Board</p> <p>Members were assured that the quality team will continue to work with trusts to maintain oversight and provide assurance to the ICB Quality Committee and Board that improvements are embedded and sustained. Using relationships with other system partners to improve patient experience and service safety across pathways, providers; share learning and ensure it is applied as appropriate.</p> <p><b>RESOLVED: That Quality Committee members were assured of the process in place and will receive further detail at February 2024 committee.</b></p>	KL
16.	<p><b><u>Clinical Effectiveness Group (CEG) Terms of Reference</u></b></p> <p>The draft terms of reference were submitted to the committee in September 2023 with the BEG meeting in December 2023 as a development session to agree how the group should and will function, which necessitated some amendments to the terms of reference.</p> <p>The changes were noted to have been made to ensure that the purpose of the group was clear, and members approved version 1, December 2023.</p> <p><b>RESOLVED: That Quality Committee members approved the terms of reference for the clinical effectiveness group.</b></p>	
17.	<p><b><u>Committee Escalation and Assurance Report to the Board</u></b></p> <p>A verbal summary of the items for inclusion on the committee escalation and assurance report to the Board was provided and would be included in the report to the Board.</p> <p><b>RESOLVED: That the Quality Committee note the verbal summary provided.</b></p>	
18.	<p><b><u>Items referred to other committees</u></b></p> <p>There were no items to be referred to other committees.</p>	
19.	<p><b><u>Any Other Business</u></b></p> <p>No further business matters were raised by members.</p>	
20.	<p><b><u>Items for the Risk Register</u></b></p> <ul style="list-style-type: none"> <li>Andrew White to work with Claire Moore to ensure that the Pharmacy risk as included appropriately.</li> </ul>	
21.	<p><b><u>Reflections from the Meeting</u></b></p> <p>Was the committee challenged?</p>	

	<p>Members agreed that the committee were challenged throughout the meeting with a significant level of challenge posed on papers to allow for quality improvements to be made. Making a difference?</p> <p><b>RESOLVED: That the Quality Committee note the comments made.</b></p>	
21.	<p><b><u>Date, Time and Venue of Next Meeting</u></b></p> <p>The next meeting would be held on Wednesday, 21 February 2024 at 1.30pm, Lune Meeting Room 1, ICB Offices, County Hall, Preston.</p>	