

**North East and North Cumbria Integrated Care Board
Quality and Safety Committee (QSC) meeting
held on 9 May 2024 from 9.00-12.00pm
in the Joseph Swan Suite, Pemberton House**

Minutes

Present: Sir Pali Hungin, Independent Non-Executive Member (Chair)
Dr Maria Avantaggiato-Quinn, Director of Allied Health Professionals
Mrs Ann Fox, Deputy Chief Nurse
Mr David Gallagher, Executive Area Director Tees Valley & Central
Dr Saira Malik, Primary Medical Services Partner Member (virtually)
Dr Rajesh Nadkarni, Foundation Trust Partner Member (virtually)
Dr Neil O'Brien, Executive Medical Director (virtually)
Mr Chris Piercy, Director of Nursing
Mr David Purdue, Executive Chief Nurse (virtually)
Mrs Claire Riley, Executive Director of Corporate Governance,
Communications and Involvement Director of Nursing
Mr Richard Scott, Director of Nursing (virtually)
Ms Jenna Wall, Director of Nursing

In Attendance: Mr Christopher Akers-Belcher, Regional Co-ordinator, Healthwatch
Ms Jen Coe, Head of Involvement and Engagement
Mr Neil Hawkins, Strategic Head of Corporate Governance
Mr Tony Roberts, Director of North East Quality Observatory
(NEQOS) (virtually)
Mrs Jan Thwaites (minutes)
Jackie Mahon for patient story

QSC/2024/05/01 Welcome and Introductions

The Chair welcomed everyone to what was his first meeting as Chair and gave a general background of his work history.

QSC/2024/05/02 Apologies for Absence

Apologies were received from Professor Hannah Bows, Independent Non-Executive Member, Mr Ewan Maule, Director of Medicines, Mr Ken Bremner, Foundation Trust Partner Member, Ms Sarah Dronsfield, Director of Quality, Ms Louise Mason-Lodge, Director of Nursing, Ms Jeanette Scott, Director of Nursing.

QSC/2024/05/03 Declarations of Interest

Members had submitted their declarations prior to the meeting which had been made available in the public domain.

QSC/2024/05/04 Quoracy

The meeting was confirmed as quorate.

QSC/2024/05/05 Chairs discussion

The Chair highlighted the ICB key emphasis on commissioning for quality care and better outcomes and invited members to share their views on what they would like to see discussed at the committee in the coming months. An informal discussion took place under the headings of "what does quality and safety mean" and "what would the members like to see on the committee agenda".

It was noted that quality should drive everything the ICB undertook. Quality in the NHS needs to underpin everything but from an ICB point of view - to ensure we fulfil our role in delivering the *Better Health and Wellbeing for All* strategy, the quality strategy and delivery of statutory duties. This committee provided assurance that the ICB were delivering their statutory duties and delivering the *Better Health and Wellbeing for All* strategy.

There was a need to have a more data analysis focus, to hold more meaningful discussions on quality and clinical effectiveness. A Clinical Effectiveness Group had been set up along with a data observatory. All the pillars of quality overlap – safety, effectiveness and experience. The committee need to look at priority areas in a sequenced way as not all could be undertaken at once.

It was explained that all CQC reports had been looked at across the system to identify any repetitive themes that required a more meaningful piece of work. It was explained that this work was part of the engagement on the quality strategy which would involve clinical leads, AHP, midwives, Directors of Nursing and GPs. They would look at key important elements, for example, falls, patient deterioration, sepsis and closed cultures. Some of these were pathways and others are areas which may be more difficult to change.

To ensure that quality, cost, and volume go hand in hand and to be sure that from the services we commission that providers are clear on expectations.

A comment was made on the importance of involving people and to ensure any lived experience contribution was valued and included in the development of the quality strategy.

A comment was made that the strengthening and connection of relationships with Foundation Trust quality committees was key with a two-way flow of information to influence and share best practice across all areas.

A consideration was made to hold development sessions to deep dive on quality areas of concern.

QSC/2024/05/06 Minutes of the meeting held on 14 March 2024

In regard to the terms of reference for this committee the Chair suggested a meeting to discuss and finalise.

In regard to the previous ICB Quality Report– the wording was changed to *TEWV had pleaded not guilty to one of the charges and the not guilty plea was upheld* there had been no appeal process involved.

The Committee **AGREED** the minutes from the meeting held on 14 March 2024 which were accepted as a true and accurate record.

QSC/2024/05/07 Matters Arising from the Minutes and Action Log

QSC/2024/03/12 Never Events Analysis – this piece of work was ongoing.

QSC/2024/03/07 Patient story - It was explained that changing the prescribing rules for under 18s would be difficult, the use of a holistic waiting well approach had been discussed so that the only support mechanism is not solely the GP. Alter action to 'consider how supporting patients waiting a long time for mental health support' – update back to committee in 2 months.

QSC/2024/03/09- this item was reported in the risk report – close item.

QSC/2024/03/10 ICB Quality Report - Reg 28 reports – would be updated in future reports – close item.

Sepsis deep dive – this was related to a piece of work on dental abscess and significant sepsis. Information was being pulled from all Foundation Trusts (FTs) to understand why this was occurring; was it to do with community dental or FTs. There was a process in place which linked to the quality strategy and priorities. It was explained

that there was a hospital level sepsis group which had been convened by the North of England Critical Care Network and Health Innovation North East and North Cumbria.

A conversation and deep dive were being held to look into how to measure sepsis in hospital settings.

Action; Mr Roberts and Mr Piercy to hold a conversation outside the meeting to discuss work on sepsis.

Improvement notice - a meeting had been arranged and will feedback at July meeting.

QSC/2024/03/12 Never Events Analysis – this would be part of an event in June. Close item.

The action log was discussed and updated.

QSC/2024/05/08 Patient Story

A patient story was presented in relation to a daughter's account of their mother's experience of a palliative care and end of life pathway. In March 2022 the mother had a number of symptoms which pointed towards ovarian cancer. The GP referred them on to a non-specific symptoms pathway.

A number of tests and a CT scan were undertaken. After the scan was interpreted the patient received a call from a cancer nurse to inform that she had cancer in the peritoneum and that there was "nothing they could do".

On attending a requested urgent appointment, they were informed that the appointment could not be found on the system, following this the patient was transferred to A&E. It was explained that they had a generally positive experience in A&E. The only reflection was that patient and family member had to continuously repeat themselves every time they met a new practitioner.

The patient was admitted to South Tyneside and Sunderland NHS Foundation Trust (STSFT) and had a CT scan for a suspected blood clot which proved to be not the case. The patient during this admission to hospital was diagnosed with ovarian cancer and transferred to the RVI in Newcastle.

During her stay in hospital, it was noted that there was little connectivity, letters and appointments were incorrect, clashed or were not received.

In the summer of 2023, the cancer returned, and the patient was offered an aggressive treatment for which she did not fully recover.

An agreement had been reached for a Do not attempt CPR (DNACPR) but following a cardiac episode, defibrillation had been provided.

The patient was transferred to the Cedar Unit at the request of the patient and family. An issue arose when the patient informed her family that she was in pain and had not been given any pain relief, as there was no-one on site that could prescribe this and NHS 111 had to be called.

The Chair thanked the patient's daughter for attending the meeting and sharing her story. The Chair noted that there was a lot of learning to take from this patient journey and highlighted the lack of continuity and leadership that had been observed throughout.

It was noted that looking at complaints in FTs there were often common themes such as continuity of care and communications which underpinned this patient's journey.

Permission was requested and received to use the information from this section of the meeting to take these issues forward.

RESOLVED: The committee received the presentation for information and assurance.

QSC/2024/05/09 Board Assurance Framework and Risk Register

The Committee were provided with an update on the Board Assurance Framework (BAF) and an updated position on the current risks which align to the quality and safety portfolio for the reporting period 28 February 2024 to 19 April 2024.

There had been no new risks added but some risks had reduced their scoring following review. One risk was around "quality of commissioned services that fell below the required standards" and the other was around "CHC team capacity" – both risks would continue to be monitored.

Three risks had been closed within the reporting period relating to:

- reducing and preventing antimicrobial resistance
- Poor quality or inappropriate prescribing
- The risk of safeguarding information that may be held in perpetrators records.

One new risk had added which would be captured in the next report regarding complex care case management in Tees Valley. It was

explained that a paper would be presented on the oversight of complex care in the confidential section of this meeting.

Work was being undertaken on the ICBs risk appetite which would be reported to the committee once completed.

A review of the current risk reporting frequency had been undertaken and had recommended to change the frequency of risk reporting to align risks with the BAF being updated and to bring quarterly instead of at each meeting.

RESOLVED: The Committee:

- Received and reviewed the risk registers and BAF for assurance and confirmed the report provided good assurance on the issues outlined.
- Noted the profile of the risks as of 19 April 2024.
- Approved the recommendation to move risk reporting to a quarterly timetable to align with the production of the Board Assurance Framework.

QSC/2024/05/10 Cycle of business and annual review

The cycle of business tracks regular items that come to the committee and topical items to be included when required. It was suggested to bring quarterly to discuss and inform agenda setting.

RESOLVED: The Committee approved the cycle of business.

QSC/2024/05/11 Annual QSC report and effectiveness survey

In line with its terms of reference, the Committee must undertake an annual review of its performance and provide an account of its work to the Board. The report presented will be sent to Board in May as a summary of the Committee's work in 23/24.

RESOLVED: The Quality and Safety Committee approved the draft annual review of the Quality and Safety Committee for submission to Board in May.

QSC/2024/05/12 Quality Strategy

The Quality Strategy was presented to the committee following feedback from the ICB Board development session. The quality strategy underpinned the ICB strategy *Better Health and Wellbeing for All*.

In the next 12 months the ICB would develop its quality governance framework and underpinning frameworks that would support delivery of the quality strategy and enhance quality assurance across the system, to have a shared view of quality and safety.

The ICB would develop and co-produce its quality priorities with its citizens, staff, providers, and other stakeholders across the system. The priorities would be based on data and intelligence and focus on safety issues that need system wide improvement actions.

There would be a focus on culture across the system and further embed communities of practice to share learning and drive improvements.

Plans include the establishment of a North East and North Cumbria Patient Safety Centre. This provides us with a unique opportunity to address quality and patient safety at scale and make transformative, sustained improvements that have never been achieved before.

In regard to what happens next – letters with questions would be sent out to the public, staff, providers and other stakeholders to request their feedback on the strategy with a similar request to be made for our citizens.

Action: Mr Purdue to share the questions sent to stakeholders with Healthwatch to ensure they are suitable for the public.

A suggestion was made to include the following - connectivity of care for patient and clear clinical leadership either direct or delegated.

It was noted that the launch of the Patient Safety Centre would be in June to look at never events across the system, why they were still occurring and to focus on the key providers.

The Chair asked for thoughts on reporting to this committee what was understood on cultures of organisations within our system. A piece of work had been carried out in relation to freedom to speak up, this would be brought back to the next meeting.

The Shanley report (Independent Review – Greater Manchester Mental Health NHS Foundation Trust) was referenced in the context of relying on CQC information versus independent investigation on culture. It was noted that the ICB would encourage all providers to assess themselves against the Shanley report.

A request was raised to ensure that when letters were sent out to providers this would include dental, optometrists and community pharmacists, it was agreed that this would be included.

RESOLVED: The committee received and noted the quality strategy update, recognising that there was some ongoing engagement work and development to be undertaken to inform the next steps in the development in the strategy.

QSC/2024/05/13 ICB Quality Report

The report provided the Committee with oversight of key quality themes, risks and exceptions outlined in the ICB Area Quality reports for Central, North, North Cumbria and South.

Care Homes and Domiciliary Care - Regarding care homes and domiciliary care there had been some licences revoked across the system from the Home Office (HO) which seemed to be a growing trend. Prestwick Care had instigated legal challenges which had stalled further action against the licence. There had also been activity into the home care markets where other licences had been revoked. This had potentially impacted on 411 overseas workers. The ICB were working with the homes, providers, and the HO to manage the impact of this with regular meetings being held with providers and the Local Authority (LA). It was noted that this was not just a local issue but was happening nationally across the country.

In relation to service users where the care homes licence has been revoked it was explained that joint protocols had been established for home closures to manage proactively. The ICB had worked with the homes and families concerned to ensure the safety and continuity of care for the patients in the homes. Assurance was given that all homes had been visited and there was a good piece of rapid work undertaken to ensure the safety of all patients concerned.

Learning from lives and deaths – people with a learning disability and autistic people (LeDeR) reviews - An ICB LeDeR review team had been established to manage the resource going forward giving assurance that reviews would continue to be prioritised. There was a proposal for funding to allocate cases to North East Commissioning Support (NECS) to give provide additional capacity.

Health care acquired infections - In relation to healthcare associated infections (HCAI) a 5-core plan on a page had been developed to support improvement. County Durham and Darlington FT (CDDFT) had improved in their Carbapenemase Producing

Enterobacteriaceae (CPE) infection rates as a direct result of close working with the infection and control team.

Continuing Healthcare (CHC) - continued pressures across all teams were reported due to ongoing staffing challenges relating to sickness and delays in recruitment from the ICB 2.0 HR process. This made achieving the 28-day statutory compliance difficult. All areas had backlogs and challenges. All teams continue to work together to understand the position and manage resources. Reports were being prepared for the Executive Director/Executive Committee for non-recurrent invest-to-save proposals which will also support workforce challenges.

In relation to CHC, a previous session had been held with the Directors of Social Care, a plan would be developed on what could be done to work collectively concerning the market. It was noted that Healthwatch were happy to be included in this piece of work.

Safeguarding - There had been a recent incident where a social media group had been established promoting self-harm. The ICB had liaised with partner agencies to raise awareness and shut down the site. It was recognised that learning was required from this and a session had been arranged with partners to discuss.

There continued to be cases of deaths of babies, with co-sleeping and vulnerability as contributing factors. An 'Eyes on the baby' model had been developed by a NENC Designated Doctor promoting safer sleep across multiple agencies to reduce child deaths. This was to be rolled out across the ICS and was supported by NHS England.

North and South area Quality and Safety subcommittees - Approval from the committee was requested to merge place-based subcommittees for quality, to make a north and south subcommittee (replacing the current four area subcommittees). Suggested terms of reference would be brought to the committee for approval. It was noted that should this be approved the governance diagram would be amended.

Action: The Governance Lead to take forward the proposal to merge place based quality committees to make a north and south committee and to bring a proposed terms of reference to the July meeting.

RESOLVED: The Quality and Safety Committee received the report for information, discussion and assurance and confirmed the report provided good assurance on the issues outlined.

QSC/2024/05/14 Patient Safety Partner Proposal

The ICB have an established relationship with Healthwatch to ensure challenge around patient safety and experience. The request was for the committee to approve the role descriptor and proposal for the Healthwatch Hartlepool Chief Executive to fulfil the role of Patient Safety Partner.

RESOLVED: The Committee approved the role descriptor and proposal for Healthwatch Hartlepool Chief Executive (and deputy) to fulfil the role of Patient Safety Partner.

QSC/2024/05/15 Involvement and engagement update

The Committee was provided with an update on the ICB's involvement and engagement activity across the North East and North Cumbria.

A review of the patient voice group governance arrangements was underway, including reviewing terms of reference and membership.

The report highlighted engagement activities across the region. Key themes continued to be timely access to GP and dental appointments; waiting times for accessing children and young people's (CAMHS) mental health services; concerns over waiting times in A&E; and ambulance response times.

Healthwatch had carried out some engagement on the ICB involvement strategy. This would be refreshed and brought back to the committee once completed.

Concerns were raised in relation to the children's waiting times. Healthwatch would like to look into this area. It was noted that there was some transformative work around CAMHS and waiting well with STSFT funding to look at expansion of services. There were pockets of work being undertaken but would have to be looked at and evaluated. This information would be brought back to the July meeting. A question was raised as to how long following this work would improvements in waiting times be seen.

Action: A brief report requested on progress made to deal with young people's waiting times and support whilst they wait.

The disjoint between health, the LA and education was raised, it was hard to be clear about which children required input quickly and urgently. A question had been asked at the Finance and Performance Committee where in the localities were these arrangements working well and where there was still more work to

do. This agenda required the committees focus. It was noted that this would be presented to the ICB board in June.

RESOLVED: The Quality and Safety Committee received the report for information, discussion and assurance and confirmed the report provided good assurance on the issues outlined.

QSC/024/05/16 Integrated Quality, Performance and Finance Report
The NENC Integrated Delivery Report (IDR) provides an overview of quality and performance, highlighting any significant changes, areas of risk and mitigating actions.

RESOLVED: The Quality and Safety Committee received the report for information and assurance and confirmed the report provided good assurance on the issues outlined.

QSC/2024/05/17 Area Quality and Safety Subcommittee Minutes

The following minutes were received:

- CNTW Quality Review Group minutes of the meeting held on 30 November 2023
- North Area minutes of the meeting held on 20 June 2023
- Tees Valley minutes of the meeting held on 13 February 2024

RESOLVED:

The Committee **RECEIVED** the minutes for assurance.

QSC/2024/05/18 Health Care Acquired Infection subcommittee minutes of 7 February 2024

RESOLVED:

The Committee **RECEIVED** the minutes for assurance.

QSC/2024/05/19 Medicines Subcommittee Minutes of 12 February 2024

RESOLVED:

The Committee **RECEIVED** the minutes for assurance.

QSC/2024/05/20 Safeguarding Health Executive minutes of 10 January 2024

RESOLVED: The Committee **RECEIVED** the minutes for assurance.

QSC/2024/05/21 SEND Assurance Subcommittee Minutes from 24 January 2024

RESOLVED: The Committee **RECEIVED** the minutes for assurance.

QSC/2024/03/22 Any Other Business and items for escalation.

A new clinical effectiveness group had been established with the aspiration undertake detailed work and provide this committee with a summary highlight report with any items for escalation.

Action: A report on the progress of the clinical effectiveness group would be brought to the July committee meeting.

A question was raised following the implications from Cass report (Independent Review of gender identity services for children and young people) – what was the ICB was doing in relation to the area of gender dysphoria. In response it was explained that this issue had been taken to the Executive team meeting and this would be highlighted to the other Executive and Chief Executives across North East and Yorkshire. This was a specialised commissioning service that was not providing an adequate service at the moment. There were some people on exceptionally long waiting lists. Some people had been requesting hormone prescriptions from their GPs who had declined as they were not part of the shared care agreement, and they did not have the necessary expertise to prescribe them. It was explained that the solution needed to come from the ICB, providers and specialised commissioning service working together.

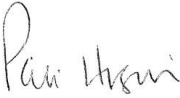
National guidance was awaited although it was noted that this work could not be held up. It was thought that the service should be for both adults and children supported via a specialised service. It was explained that Healthwatch had carried out work in this area previously and has links with patients with lived experience of this issue.

Action: The Healthwatch representative to link in with Jon Warrington (Medical Director) who was leading on gender dysphoria work to make links with people with lived experience.

QSC/2024/03/23 Date and Time of Next Meeting

Wednesday 31 July 2024, 09.00-12.00pm in the Joseph Swan Suite, Pemberton House.

The meeting closed at 12.00.

Signed: 
Position: Chair
Date: 31 July 2024