NHS
Lancashire and South Cumbria
Integrated Care Board

**Approved – 22 May 2024**

# Minutes of the ICB Quality Committee Held on
## Wednesday, 17 April 2024, 1.30pm-4.00pm
## in Lune Meeting Room 1, ICB Offices, Level 3 Christ Church Precinct, County Hall, Preston, PR1 8XB

| Name | Job Title | Organisation |
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| **Members** | | |
| Sheena Cumiskey | Chair/Non-Executive Member | L&SC ICB |
| Professor Sarah O'Brien | Chief Nursing Officer | L&SC ICB |
| Kathryn Lord | Director, Quality Assurance and Safety | L&SC ICB |
| Dr David Levy | Medical Director | L&SC ICB |
| David Blacklock | Chief Executive, Healthwatch Cumberland | Healthwatch Together |
| Dr Geoff Jolliffe | Primary Care Partner<br>- GP, Barrow-in-Furness | L&SC ICB |
| Mark Warren | Local Authority Representative (LCC) | Blackburn with Darwen Council |
| David Eva | Independent Lay Member | L&SC ICB |
| Helen Williams | Interim Associate Non-Executive | L&SC ICB |
| **Attendees** | | |
| Dr Arif Rajpura | Director of Public Health | Blackpool Council |
| Andrew White | Chief Pharmacist | L&SC ICB |
| Claire Lewis | Associate Director, Quality Assurance | L&SC ICB |
| Bridget Lees | Chief Nurse | Blackpool Teaching Hospitals |
| Caroline Marshall | Associate Director of Patient Safety | L&SC ICB |
| Debra Atkinson | Company Secretary/Director of Corporate Governance | L&SC ICB |
| Davina Upson | Business Manager | L&SC ICB |
| Claire Moore | Head of Risk, Assurance and Delivery | L&SC ICB |
| Dr Neil Turton (Item 5) | Director | Advancing Quality Alliance (Aqua) |

| Min. ref. | Item | Action |
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| **01/2425.** | **Welcome, Introductions and Chair's Remarks**<br>The Chair welcomed members to the April 2024 quality committee and conveyed a specific welcome back to the committee to David Eva and extended a warm welcome to Helen Williams who had joined the committee for a period of 6 months as an Associate Independent Non-Executive Member whilst Roy Fisher undertook the Acting ICB Chair role. Members were advised that Helen brings a wealth of knowledge to the committee which had been gained through her roles as a Chief Nurse at a CCG and through a previous lay member role.<br><br>A further welcome was extended to Neil Turton who was in attendance to present Item 5 - Aqua's QMS development for ICS, and Claire Moore who was in attendance for Item 9 - Risk Management Update.<br><br>It was noted that this meeting was the first within the revised structure of the committee meeting bi-monthly and therefore had an extended duration, with members being asked to consider what works well within the new format of some papers, such as the Provider reports.<br><br>Members were reminded to consider what can be undertaken to ensure that there is a positive influence made to the issues raised, particularly sighting the SEND agenda and Childrens and Young People from the March meeting. | |
| **02/2425.** | **Apologies for Absence/Quoracy of Meeting**<br><br>Apologies were received and noted from Joe Hannett and standing apologies from Roy Fisher and Debbie Corcoran. | |
| **03/2425.** | **Declarations of Interest**<br><br>The declarations of interest were noted from the papers relating to:<br><br>Item 7: Patient Safety Report including risk and PSIRF and the conflict was noted as being Bridget Lees, Chief Nurse, Blackpool Teaching Hospitals, it was agreed that Bridget would remain in the meeting for the discussions.<br><br>**RESOLVED: That the above declarations of interest relating to the items on the agenda were noted with no action required.**<br><br>**(a) Quality Committee Register of Interests.**<br><br>**RESOLVED: That the register of interests was received and noted.** | |
| **04/2425.** | **(a) Minutes of the Meeting Held on 20 March 2024, Matters Arising and Action Log**<br><br>The minutes from the 20 March 2024 were approved as an accurate record of discussions. Noting that this approval was only provided when Mark Warren joined later in the agenda to ensure that the meeting was quorate.<br><br>**RESOLVED: That the minutes of the meeting held on 20 March 2024 were approved as a correct record.**<br><br>**(b) Action Log**<br><br>The following actions were closed from the action log:<br><br>**Ref No 27: Maternity Loss:** The specific actions taken as a result of this family's | |

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| | experiences were circulated to members via email (28/03/2024). Agreed to close.<br><br>**Ref No 35: Care Quality Commission (CQC) Inspection Readiness:** Agreed to close in current format as this was an agenda item.<br><br>**Ref No 36: Improvement and Assurance Groups Process Map:** The process had been shared with members via email. Agreed to close.<br><br>**Ref No 40: Infection Prevention and Control (IPC):** An update from Primary Care Commissioning Committee had been received and members were advised that the GMS contract states; The Contractor must ensure that it has appropriate arrangements in place for infection control and decontamination. There is no contractual requirement as such for there to be a named lead and therefore this isn't something which is routinely monitored. There is a CQC requirement for there to be "clear roles and responsibilities" around infection prevention and control.<br><br>Caroline advised that a significant amount of work is undertaken in primary care with most practices engaging and appointing a champion, although this cannot be quantified with better outcomes there is targeted work through the primary care team. Members were assured by the levels of engagement from practices and agreed to close the item.<br><br>A query was raised whether the PCNs had been involved in the roll out of the IPC champion role and Caroline would seek to understand this position.<br><br>**Ref No 46: Levels of Sickness in Maternity:** Sarah advised members that this is on the agenda for a full discussion at the ICB People Board being held on 24 April 2024. Agreed to close.<br><br>**Ref No 47: Pharmacy First:** An update from Primary Care Commissioning Committee had been received and members were advised that Pharmacy First is an advanced service and as such compliance with the service specification is picked up as part of the annual Community Pharmacy Assurance Framework (CPAF) process. Within the Community Pharmacy Access Programme primary care are working with the Local Pharmaceutical Committee (LPC) to review what quality improvement may need to take place both from a provision of service perspective and from a referral in perspective. Agreed to close.<br><br><u>Action log Updates</u><br><br>**Ref No 16.1: Patient Story** (*Deaf Persons story*): This has been escalated by Kathryn Lord due to the time which this response has been outstanding. Update to May 2024**.**<br><br>**Ref No 43: Maternity and Neonatal Advisor:** The discussion on this action took place during agenda item 8 Maternity Reports. Sarah to continue to look for mitigations and review at the end of the pilot against learning from the NE ICB.<br><br>**RESOLVED: That the action log is updated as detailed.** | **CM** ✓ |
| **05/2425.** | **<u>Aqua's QMS development for ICS</u>**<br><br>The chair introduced this item advising that AQUA has been commissioned to develop a Quality Management System (QMS) and members would consider at the end of the item as to how this could be taken forward.<br><br>Neil Turton spoke to a presentation to introduce the work at AQUA, advising that delivery | |

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| | of high-quality care requires organisations to have a consistent and coordinated approach to managing quality that is applied from team through to board level, which is known as a Quality Management System (QMS). The four components were noted as being quality planning, quality control, quality improvement and quality assurance.<br><br>The design principles and approaches to the programme were outlined, noting the importance of building on what is already in place within the ICB with the aim to have a QMS which would help the quality committee to work more effectively.<br><br>*Mark Warren joined the meeting.*<br><br>Neil advised that the process, over a 5-month period, would include the collation and analysis of documentary information, stakeholder interviews and facilitated sessions and learning from national and international good practice.<br><br>Geoff queried what the evidence base was to prove that this approach had worked previously, and Neil advised that AQUA had worked across several systems and have an experience team who would support the ICB staff with information and analysis to further develop areas of strength.<br><br>Neil confirmed that as part of the engagement process he is meeting with Karl Ashworth from the performance team which addressed Debras concerns of work being undertaken in silos.<br><br>David Levy commented that he had an interview last week with AQUA and further to this would encourage colleagues to be involved with the process. Also commenting that MIAA are undertaking an internal audit of the system oversight framework which would inform the work with AQUA. David agreed to share the detail from NHS England on the consultation of the new quality oversight framework once received with Neil.<br><br>Neil asked members to consider how QMS could assist with the work of the committee and reflect on where the strength is within the four components.<br><br>It was agreed that a Teams call would be arranged for members to join with AQUA as part of the stakeholder engagement and that an introduction would be made to Joe Hannett in order that the voluntary sector is involved as they would be able to provide rich insight.<br><br>David Blacklock and Neil to also be connected to ensure coproduction.<br><br>*Neil Turton left the meeting.*<br><br>**RESOLVED: That members noted the work which AQUA is undertaking on QMS and a further stakeholder engagement session will be arranged.** | **DL** ✓<br><br>**DU** ✓<br><br>**DU** ✓ |
| **06/2425.** | **<u>Provider Reports</u>**<br><br>The chair expressed thanks to the team for the work which has gone into producing the revised reports.<br><br>Claire advised members that the reports received were part of the new reporting structure which moved away from reporting by specific subject to reporting by providers. Acknowledging and recognising that there is further work to be undertaken across the ICB to synthesise the information into a detailed narrative on impact and outcome on safety, experience and effectiveness through the description of quality at provider level | |

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| | and what this means for the system. Claire commented that the previous item on QMS would likely support this to ensure that all providers used the same reporting tool and commented that these reports would support the evidence required for future CQC inspections relating to both performance and quality.<br>David Blacklock expressed that he found the report helpful and interesting, acknowledging the further work required to ensure that that the detail provided the position of the provider and wider system.<br><br>Discussion ensued relating to the integrated performance report and how the detail within these reports would drive quality. Acknowledgement was given to the potential of having a significant amount of data which cannot be interpreted into experiences as the quality metrics need to mature to detect impact and therefore inform decision making.<br><br>David Levy commented that providers have their own internal committees and boards which provide assurance and as such the reports received at the ICB quality committee should be received for strategic issues rather than individual issues.<br><br>Claire advised that reports relating to community services would be brought to the May 2024 ICB quality committee which will describe contracting arrangements and scene setting on the services and who they are provided by. Threshold metrics for the community services provided by the trusts are not always differentiated from the secondary/MH metrics, which will also therefore require some development.<br><br>Bridget commented on the complexities of writing the reports and agreed that the development of a QMS would provide standardsation and that there will be opportunities through the single oversight framework and CQC methodology to bring the qualitative element.<br><br>Sarah echoed the comments surrounding how the development of the QMS would assist to define through the 4 components. Further commenting that our role as commissioners is to provide assurance to the Board of oversight and awareness of trends/themes, and acknowledged wider intelligence is not yet being used to influence improvement and planning.<br><br>Claire spoke to each report highlighting the exceptions and the following areas were discussed:<br><br>a) LSCFT<br><br>• Waiting times for allocation of a care coordinator in the community<br>• Mandatory training (Information Governance and safeguarding) thresholds.<br>• The ICB team continue to be involved with site visits.<br>• The findings of the Independent Review of GMMH, conducted by Oliver Shanley OBE, is being reviewed by LSCFT, with a view to implementing any shared learning, to ensure that the organisation continues to have an open culture, allowing staff to raise any concerns in a safe space.<br><br>It was noted that there was no reference made in the report to the high number of patients waiting in A&E who required a mental health assessment, but reference was made in the ELHT report. Claire would pick this up with the authors for the next reporting cycle.<br><br>Geoff commented on the trust's 'Speaking up Safely' report and queried how assurance can be received for staff to be able to have an issue successfully resolved without any negative impact on their role at work.<br><br>b) LTH | **CL** |

- UEC pathways and especially boarding of patients on wards.
- The trust has breached the Clostridium difficile trajectory of 121 with currently 198 cases.
- The falls per 1,000 bed days was reported at 4.08 in March (a decrease from February position of 4.66) against a target of 3.72 and demonstrates normal variation.
- Challenges expanding the Thrombectomy service to 7 day a week.
- Challenges across the Neurosciences provision.
- The Trust is working towards a single improvement plan that will bring together all the improvement plans including CQC action plan.

Helen queried the level of nursing care the patients who are boarding receive and Kathryn advised that in terms of safety the number of nurses required to provide the care in corridors are included. Noting the overall ambition for the system is to eradicate boarding by 2026.

Caroline commented on the difficult position regarding boarding but also acknowledged the trusts willingness to report and explore improvement options which can be worked to collectively focusing on why the trust is in the position to require boarding and what measures can be implemented to address this.

Members noted their concerns on this uncomfortable position relating to patients boarding commenting that this is not an acceptable position. Bridget stated that this is not accepted by any trust and that the answer needs to come from a system wide approach to address the number of attendances to A&E as well as supporting discharge, which was supported by members.

Sarah advised at the recent ICB Board Part 2 there had been discussion relating to recovery and what is required for a targeted programme for Urgent and Emergency Care noting the further work required on out of hospital care also involving primary care to prevent the attendances.

David Levy referenced the risk for LTH not having a 24/7 thrombectomy service as this intervention can significantly reduce the impact of strokes in patients.

An alert to board was requested relating to the boarding of patients, how the recovery plan described has an ambition to eliminate corridor care in 2024/25 and that the reduction of this is a system issue to ensure harm reduction when boarding.

Also an alert relating to the limitations of the neuroscience and the thrombectomy service.

c) UHMB

- A review to be undertaken on the risk relating to the level of acuity of patients presenting at Kendal urgent treatment centre.
- The Stroke Sentinel National Audit Programme (SSNAP) position is positive for both RLI and FGH with both sites at a level A, following extensive work undertaken to improve the stroke pathway.

d) BTH

- Risk in relation to the delay in the typing of clinic letters which in turn leads to a delay in consultant sign off and therefore patient care and follow up. Learning has been applied to the other divisions and the division leadership team are working with the Divisional administrative teams to identify short, medium- and long-term solutions across the services.
- There is an action plan in place to address the recommendations from the CQC visits

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| | with external walk-rounds providing some additional scrutiny and assurance regarding the testing of the evidence.<br>• At BTH and Clifton a full PLACE audit was completed in August 2023, from the audit some focused work is being undertaken around food and particularly food temperatures for patients at ward level.<br><br>e) ELHT<br>• The ICB has been notified of overcrowding and corridor care in the ED, this has been raised by the Deanery.<br>• There has been some recent media interest relating to 2 cases in ED<br>• The position relating to the harm review backlog has shown some improvement.<br>• The trust has not met the CQUIN for 'Compliance with timed diagnostic pathways for cancer services (CQUIN CCG4)'. An action plan had been provided to demonstrate how the trust is addressing the noncompliance.<br>• There continues to be a focus on falls prevention and dementia training.<br><br>Arif noted that the trust had been reported as an outlier for HSMR and SHMI and assurance was provided that the ICB sits on the mortality groups.<br><br>Sarah advised that the role of the ICB Quality Committee is to receive assurance that the trusts are undertaking due process internally to address issues which are presented and as commissioners we have an oversight role on trends across the system. A suggestion was made for future discussion on this agenda item to be focused on common issues and themes.<br><br>It was also suggested that a section on lessons learnt be included for all trusts to advise of what reflections had taken place and importantly what learning and action had taken place.<br><br>Helen queried whether there was anything relating to culture which the committee needed to be aware of in ELHT and Caroline advised that from a patient safety point of view she was assured that the trust is very open and transparent and is leading the way on patient safety. It was also noted that culture and leadership is discussed through the monthly improvement and assurance group meetings.<br><br>The chair thanked members for the helpful discussion on what the role of the ICB quality committee regarding receiving these reports, noting the importance to receive assurance that trusts are managing their governance on quality of care.<br><br>Thanks were expressed to Claire and the wider team on the work undertaken to produce these informative reports.<br><br>**RESOLVED: That quality committee members noted the content of the report.** | |
| **07/2425.** | **<u>Patient and Safety Report including risk and PSIRF</u>**<br><br>Caroline spoke to the circulate paper which provided an update on the progress made by Lancashire and South Cumbria ICB and commissioned providers in terms of implementation of the Patient Safety Incident Response Framework (PSIRF) and close down of the Serious Incident Framework (SIF, 2015) highlighting:<br><br>• Implementation of PSIRF across LSC providers is currently being progressed across all sectors in line with national requirements and patient safety issues are being addressed across LSC ICS with the ICB continuing to provide support. | |

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| | • From the 1 April 2024 all NHS Trusts will be working under the PSIRF and are expected to report all incidents through the Learning From Patient Safety Events (LFPSE) system.<br>• Engagement work continues with smaller providers through contracting and quality assurance teams in order that they work under PSIRF.<br>• There has been a positive approach across the system regarding learning and the willingness to work together through learning events.<br>• A significant reduction to the serious incidents from over 600 in May 2023 to 188 open incidents in April 2024, with panels being convened over the coming weeks.<br>• The impact of running 2 systems is being noticed across already stretched teams with a push from providers to close legacy incidents.<br><br><u>Risk and escalation</u><br>Members were advised regarding 2 never events and 1 potential never event for which Caroline advised that she is attending a review with the relevant trust this week but noted that human error was an element in each case.<br><br>Members were advised that NWAS reporting would come to committee through the revised business workplan reporting cycle.<br><br>The chair commented that the implementation of PSIRF is in its infancy and all system learning will be reported within future reports.<br><br>**RESOLVED: That quality committee members noted the content of the report.** | |
| **08/2425.** | **<u>Maternity Update Reports</u>**<br><br>Claire Lewis spoke to the circulated report and noted that for future updates these would be presented by Stephanie Purcell, Head of Quality &Safety.<br><br>Members attention was brought to:<br>• No immediate risks were identified further to the inaugural meeting of the Maternity Performance & Oversight Panel on the 12 March 2024 with the Regional Maternity Team noting that the Local Maternity and Neonatal Systems (LMNS) would receive formal written feedback.<br>• A review and reconciliation of Year 1 of the Maternity and Neonatal Single Delivery Plan (SDP) had been completed, which identified areas of focus for Year 2 on personalized care and workforce.<br>• Maternity and Neonatal Independent Senior Advocate had provided feedback from families identifying two key themes around communication and information sharing and examples included women feeling they are being pushed from pillar to post, poor timing of communication, lack of feedback on follow up action by the services.<br>• As a result of the feedback a dedicated task & finish group has been established to develop a standard operating procedure (SOP) for cross organisational investigations.<br>• East Lancashire Hospital Trusts (ELHT) presented the findings and outcomes from the SCORE Cultural Survey following completion of the National Perinatal Culture Leadership Programme with an action plan highlighting key priorities which were identified such as strengthening working relationships between maternity and neonatal unit.<br><br>Sarah confirmed that maternity is high on the agenda at each nursing meeting she attends and that the papers submitted should provide a level of assurance that there is robust process in place across Lancashire and South Cumbria through the LMNS and the Maternity Safety Support Programme (MSSP) for BTH and UHMB that improvements are | |

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| | being made.<br><br>Sarah updated members regarding action reference 43 and confirmed that she had met with David Blacklock regarding the concerns raised at the February 2024 committee that the Maternity & Neonatal Independent Advocacy Advisor wasn't an independent role in the usual approach as they were hosted by the ICB. Sarah would continue to look at options for mitigation with the proposal that the impact of the advisor would be reviewed at the end of the pilot and compare the learning to the North-East ICB whom David Blacklock had worked with and have an independent advisor role.<br><br>The chair commented on the comprehensive report which detailed the outcomes on MSSP and provided further assurances of the work being undertaken, noting that the area remains challenging. A suggestion was made that learning could be sought further to the cultural survey undertaken at ELHT to understand the experiences from different cultural backgrounds.<br><br>**RESOLVED: That Quality Committee members noted the content of the report.** | |
| **09/2425.** | **<u>Risk Management Update</u>**<br><br>Claire Moore provided an overview of the report highlighting:<br><br>• The report provides an update on risk management activity relating to the business of the of the Quality Committee since the last report in January 2024.<br>• Further to a request made at January committee members were provided with a link to access and view both the Quality Committee risk dashboard and a high-level summary of all open risks held on the risk registers.<br>• Work is underway following the ICB board's approval of the new Risk Management Policy to review the risk management systems and processes (including reporting arrangements) to ensure continued alignment with the new policy.<br>• The executive management team are reviewing all risks held on the business assurance framework (BAF) to strengthen the assurance provided to the board on progress towards the achievement of the ICB's strategic objectives.<br>• Currently 11 risks held on the Corporate Risk Register (CRR) which align to the strategic objectives and relate to the business of the Quality Committee.<br>• ICB-028: The fragility of the care sector impacting on quality and wider system resilience had been approved for closure by the executive team.<br>• No new risks had been opened during the reporting period relevant to the work of the committee, but members were alerted to open risks which are approaching their target risk score dates.<br><br>Further to discussion at the March committee Andrew White advised that he liaise with Claire to ensure that the Valporate risk was added to the register.<br><br>Helen commented on the excellent risk management policy which was comprehensive and provided good examples.<br><br>The chair asked for consideration to be given to the mitigations which are in place for the risks for the quality committee with regard to if the risk score is not moving in the right direction, then are these the correct mitigations.<br><br>**RESOLVED: That Quality Committee members noted the content of the report including the approval to close ICB-028 and the board approval of the new risk management policy.** | **AW** |

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| **10/245.** | **Care Quality Commission (CQC) Inspection Readiness**<br><br>The chair advised members that this update paper was received further to previous discussion at committee (January 2024) in relation to the progress made to ensure the ICB meets the requirements of the Care Quality Commission (CQC) new inspection framework for assessing Integrated Care Systems.<br><br>Claire advised that over the last 8 weeks, the Quality Assurance team task and finish group had reviewed some of the current systems in place to identify areas of challenge and required improvement, which identified that the ICB needs continuous support and resources to demonstrate that the ICS is meeting the seventeen quality statements outlined in the new CQC Single Assessment Framework.<br><br>There has been focus on three of the seventeen Quality Statements (Learning Culture, Governance, Management, and Sustainability and Partnership and Communities). The Task and Finish Group will be reporting back on its early work and findings to the Quality Team Away Day in May, from which the next steps and a detailed work plan would be worked through.<br><br>Debra noted some caveats on the findings contained within the report specifically referencing the substantial assurance received on Freedom to Speak Up. Further commenting that this work does require a holistic view as an organisaton as to the approach taken surrounding interdependencies on areas which will be tested. Debra advised that she had sight of the NHS framework on the CQC requirements for the evidence required for self-assessment against these, which will require one overarching coordination of work with the next steps being to test the evidence available against the self-assessment to theme and address the gaps.<br><br>Claire observed that historically CQC inspections always stated that just having the policy was not sufficient and the evidence needs to be provided relating to what outcomes are achieved for patients and staff.<br><br>Mark commented that he was pleased to see the early work being undertaken and that an integrated approach to prepare for a CQC inspection was required. Noting that the local authorities have previous experience of CQC inspections which would enable support to be provided and suggested that the overlapping areas such as safeguarding could be addressed through Place based partnership boards. Mark also advised that the 4 local authorities are working closely together on evidence basing and creating electronic systems which would serve as an evidence library.<br><br>Kathryn welcomed Marks points and acknowledged that currently the quality team had been reviewing this in relative isolation and would welcome a corporate view.<br><br>The chair summarised that the work undertaken over the last few months had been very informative and prompted the discussion to extend this to more corporate function and integration with all system work which is being undertaken through alignment and the use of the CQC framework moving forward.<br><br>It was agreed that Debra Atkinson would consider the way in which this can be delivered on a system wide basis through working with partners and provide an update to back to committee in November 2024.<br><br>**RESOLVED: That Quality Committee members noted the inception of the CQC Inspection Task and Finish Group within the Quality Team and the early learning from initial review of evidence against 3 quality statements**. | **DA** |
| **11/2** | **Patient Story/Experience** | |

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| **425.** | The patient story had been 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.<br><br>The story this month was via a video story and related to safeguarding surrounding a 61-year-old female.<br><br>Kathryn Lord highlighted to members some of the comments received noting that this was a very difficult video to watch/listen to especially given the final diagnosis.<br><br>• The patient disengaged from services and by the time any professional was involved the disease had progressed too far for treatment.<br>• Acknowledged that staff (particularly her GP), went above and beyond to try and support her access to services.<br>• Need to understand what differences could have been made should LD support and adjustments been available earlier.<br>• There was a history of cancers within the patient's family, so could screening have taken place earlier and explained better?<br>• Could therapy have been provided in clinic environments?<br>• The feedback from the Learning Disabilities team and LEDER review is to ensure that GPs are supported when services users engage and then disengage from services, so that they are not just discharged after failing to attend.<br>• To have consistent advocacy and support available.<br>• The story raised elements related to end-of-life care and whilst this patient did die in a place where she requested this needs to happen in all cases.<br><br>Members commented that the video format was well received and further requested whether there would be a possibility to have a story with a positive experience. Kathryn agreed to pursue this.<br><br>Kathryn advised that LSCFT have been asked to retrospectively review the gap in the provision of LD support and for the GP to review the initial point of referral with the Health Inequalities Lead to liaise with the GP and check if they are aware of community teams/ how to make a referral/ also see if they are doing their annual health checks and whether we need to do some targeted work?<br><br>The patients' details are to be provided to the ICB LD team to assist them to look if a LeDeR review has been completed and therefore share any learning which can be brought to a future committee.<br><br>Geoff advised that further to the mental capacity act that no training had been provided to GPs on how to consult with patients on the neurodevelopmental pathway. David agreed to discuss this with his medical director colleagues as to where this training could be accessed from prior to any referral to People Board.<br><br>**RESOLVED: That Quality Committee members noted the content of the story and requested further detail surrounding training for GPs.** | **KL**<br><br>**KL**<br><br>**DL** |
| **12/2 425.** | **<u>IFR Performance Summary Report Q3</u>**<br><br>Andrew advised that this summary report should have been taken through the clinical effectiveness committee.<br><br>**RESOLVED: That the Quality Committee members noted the report will be taken through CEG in future.** | |

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| **13/2 425.** | **Managing Long Waiting Cancer Patients**<br><br>David Levy advised members that During the COVID-19 pandemic North West guidance had been produced by NHS England & Improvement (NHS E/I) in conjunction with the North West Cancer Alliances and NW Cancer Cell to support trusts and commissioners to ensure effective safety netting procedures for patients waiting for long periods of time to start their cancer treatment.<br><br>In 2023 it was requested by region the guidance be owned by individual ICBs. Prior to 2023, providers were asked to undertake an annual retrospective audit of the previous year. The Cancer Alliance asked providers to start reporting quarterly in April 2023.<br><br>The scope of this guidance would specifically reference patients who have waited for longer than 104+ days (if on a 62-day pathway) or 73+ days (if on a 31-day pathway) to commence cancer treatment. The focus of the pathway review is to identify learning to prevent the delay from occurring again.<br><br>David advised members that Blackpool Teaching Hospitals had undertaken a harms review targeted at a cohort of 40 patients who had waited an extended period of time of which 6 patients were noted to have come to moderate harm, and the risk of harm was noted to be relatively small.<br><br>Joe Hannet had shared some comments in his absence which Sarah advised members of:<br>• What, if any, measures are in place to support patients on such waiting times, particularly through the VCFSE group which had been discussed with Fleur's team last year who were keen to understand how they could be more integrated in the Cancer Alliance and its plans and activities.<br>• Would there be potential for an automatic referral to VCFSE groups where appropriate who are dedicated to cancer prevention, mitigation, and support.<br><br>David responded that after a diagnosis there is regular contact with specialist nurses who would be able to support and that patients with a diagnosis typically seek other advice and support linked to MacMillian.<br><br>David Blacklock queried who the cancer alliance was accountable to, and David Levy advised that they have grown from Cancer Networks and the national team are trying to make independent of ICBs. Although all alliance staff in LSC are employed by LSC ICB. Further commenting that the Cancer board is chaired by the medical director from LTH and all reporting is taken through the ICB board.<br><br>David Blacklock advised that he had attended a recent Northwest cancer roundtable event at Lancaster and no representative was present from the cancer alliance. David Levy would discuss this offline with David Blacklock to understand the invitees to that meeting.<br><br>Claire Lewis commented on the early learning on harms review as a concept for long waiting and the need to ensure that this learning links with PSIRF.<br><br>Member approved the guidance with the inclusion of the VCSFE sector to be involved in the work to support and ensure that learning themes are threaded through.<br><br>**RESOLVED: That Quality Committee members approved the guidance with the inclusion that the voluntary sector are involved to support the work.** | |

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| **14/2425.** | **Draft Quality Committee Business Plan 2024/25**<br><br>Sarah introduced the committee business plan for 2024/25 noting that this was an iterative piece of work.<br><br>Discussions ensued relating to the frequency of maternity reporting and it was agreed to change this from every meeting to bi-monthly as members were assured that the LMNS are involved, and escalations would be made as required.<br><br>**RESOLVED: That Quality Committee members approved the business plan for 24/25 with the change to the cycle of maternity reporting.** | |
| **15/2425.** | **Primary Care Quality Group AAA – 13 March 2024**<br><br>The chair commented that the triple A included a repeated theme relating to the increasing numbers of concerns, issues and incidents being raised to the quality team regarding primary care providers and the impact that this is having on the workforce for primary care assurance.<br><br>It was noted that this impact had been previously noted as an alert to board for which there has not been any mitigation provided to address the capacity issues.<br><br>It was agreed that Sarah and Debra would take to a future executive team meeting to ascertain how the capacity issues can be addressed. Debra noted that this was also being placed on the corporate risk register from Primary Care Commissioning.<br><br>**RESOLVED: That the Quality Committee members noted the content of the Triple A.** | **SOB/ DA** |
| **16/2425.** | **Committee Escalation and Assurance Report to the Board**<br><br>Members noted the items which would be included on the committee escalation and assurance report to the Board.<br><br>**RESOLVED: That the Quality Committee note that a report will be taken to ICB board.** | |
| **17/2425.** | **Items referred to other committees**<br><br>There were no referrals made at this point to other ICB committees. | |
| **18/2425.** | **Any Other Business**<br><br>No further business matters were raised. | |
| **19/2425.** | **Items for the Risk Register**<br><br>- The increasing numbers of concerns, issues and incidents being raised into the quality team regarding primary care providers and or practitioners and the impact on an already minimal workforce for primary care quality assurance.<br><br>- The expansion to a 7-day Thrombectomy service (LTH) has been commissioned and the Trust is unable to staff the rota yet and so fully mitigate the risk associated with a limited thrombectomy provision, as when clinically appropriate thrombectomy is the gold standard treatment option. Noting that the risk is picked up through the ICB Specialist commissioning oversight group. | **DU** ✓<br><br>**DL** |
| **20/2425.** | **Reflections from the Meeting** | |

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| | Was the committee challenged?<br>Making a difference?<br><br>Members agreed that there was challenging discussion.<br><br>**RESOLVED: That the Quality Committee note the comments made.** | |
| **21/2425.** | **<u>Date, Time and Venue of Next Meeting</u>**<br><br>The next meeting would be held on Wednesday, 22 May 2024 at 1.30pm, Lune Meeting Room 1, ICB Offices, County Hall, Preston. | |