NHS
Lancashire and South Cumbria
Integrated Care Board

Approved 26 March 2025

Minutes of the ICB Quality Committee
Held on Wednesday 22 January 2025
MS Teams

Members		
Sheena Cumiskey	Chair/Non-Executive Member (Chair)	L&SC ICB
Sarah O'Brien	Chief Nursing Officer	L&SC ICB
Roy Fisher	Non-Executive Member	L&SC ICB
Mark Warren	Local Authority Representative, Strategic Director – Adults and Health	Blackburn with Darwen Council
Julie Colclough	Primary Care Partner Member	L&SC ICB
Attendees		
Claire Lewis	Associate Director, Quality Assurance	L&SC ICB
Joe Hannett	VCFSE Representative	VCFSE
Arif Rajpura	Public Health Representative, Director of Public Health	Blackpool Council
David Rogers (up to item 179/2425)	Head of Communications and Engagement	L&SC ICB
Nashaba Ellahi (attended in place of Bridget Lees)	Acute Provider Representative, Acting Executive Director of Nursing, Midwifery, AHP and Quality	Blackpool Teaching Hospitals
David Blacklock	Healthwatch Representative	People First/ Healthwatch Cumbria & Lancashire
Caroline Marshall	Associate Director of Patient Safety	L&SC ICB
Debra Atkinson	Company Secretary/Director of Corporate Governance	L&SC ICB
Ann Dunne	Director of Safeguarding	L&SC ICB
Sandra Lishman	Committee and Governance Officer	L&SC ICB

Item No	Item	Action
174/ 2425	**Welcome, Introductions and Chair's Remarks** The Chair welcomed and thanked everyone for their attendance at this meeting, including Nasha Ellahi, Blackpool Teaching Hospitals Acting Executive Director of Nursing, Midwifery, AHP and Quality attending this meeting in the absence of Bridget Lees. In relation to future meetings, following discussion, members agreed to cancel the previously arranged committee meeting on 19 February 2025, due to members annual leave having been booked prior to meetings reverting to being held monthly. Members also agreed to move the previously arranged committee meeting from 19 March to 26 March 2025, by Teams. David Blacklock's apologies would be noted.	
175/ 2425	**Apologies for Absence/Quoracy of Meeting** Apologies were received and noted from David Levy, Andrew White, Kathryn Lord, Bridget Lees, and standing apologies from Debbie Corcoran. The meeting was quorate.	

176/ 2425	**Declarations of Interest** The Chair noted that no additional declarations of interest had been advised of prior to the meeting and asked that if at any point during the meeting a conflict arose, to declare at that time. It was noted that N Ellahi may be conflicted on discussion relating to Blackpool Teaching Hospitals; if a conflict arose, N Ellahi would not join discussion but there would be no expectation for her to leave the meeting. **RESOLVED: That no declarations of interest were raised relating to the items on the agenda.** **(a) Quality Committee Register of Interests.** **RESOLVED: That the Quality Committee register of interests was received and noted.**	
177/ 2425	**a) Minutes of the Meeting Held on 18 December 2024, Matters Arising and Action Log** The below required amendments were highlighted and agreed:- - **Action Log, reference 87**; detail within the action should be listed as **Action Log, reference 90 Paediatric Ophthalmology** - **Action Log, reference 87 Neurology update**; needs to be added to read 'Agreed to close' - **160/2425 Patient Safety Update** – Under matters highlighted, the second bullet point should read that 'A further never event was declared on 5 December 2024. - **161/2425 Primary Care Workforce Capacity and Associated Risk**, paragraph 5 should read 'J Hannett commented that the PSIRF is also not included in the contracts for the voluntary sector and is challenging to roll out. However, the sector is working hard with the patient safety team to implement the framework. C Lewis reminded that provider requests from CQC would be subject to inspection and would need to evidence that they were meeting standards and applying learning, which would impact their CQC rating. Therefore, it was important to recognise that whilst the situation was not equal, there were other areas that would detect well-led organisations'. **RESOLVED: That the minutes of the meeting held on 18 December 2024 were approved as a correct record subject to the 4 above amendments.** **b) Action Log** The action log was reviewed and discussed as follows: - **52 CQC Inspection readiness** – Agreed to close. - **72 Committee cover sheets** – Agreed to close. - **74 Suicide Prevention Findings** – Deferred to the 26 March committee meeting. - **76 Reports between committees** – Agreed to close. - **88 Never Events** (K Lord/C Marshall) – Agreed to close.	

	- **89 Social Care Joint Working Forum** – M Warren updated that the forum would be a Lancashire and South Cumbria group, consisting of a small number of people including key decision makers from local authorities, the ICB and social care. The work from the group would link to place based governance. Further discussion around taking the forum forward would take place later today with C Whalley, Director of Social Care, West Moreland. Members noted that this forum would be specifically around adult social care. In relation to children's social care, the 4 local authority directors of children's services meet regularly, linking with the ICB. Additionally, there were children's safeguarding partnerships and the system wide Children and Young People's Boad. Agreed to close. - **90 Paediatric Ophthalmology** – S O'Brien confirmed that there had been no further incidents. Verbal assurances had been received, however, further assurances from the Trust were required to confirm lessons learned from the incident. The committee required further assurance, and the Chair asked that the ICB write to the Trust regarding actions and measures put in place and around clinical effectiveness. - **91 Mechanical thrombectomy** C Marshall updated that 7 further incidents, occurring weeks commencing 30 December 2024 and 6 January 2025, had been reported to the ICB around harm, of which, 2 being no harm and 5 being severe. Ratification was awaited through the internal Lancashire Teaching Hospitals Stroke Panel Review Group. The ICB held an urgent meeting with the Trust on Friday, requesting a weekly Sit Rep of all harms in the Trust. If the Trust are not compliant to the request, Specialised Commissioning would look at contracting; there had been correspondence between Specialised Commissioning and the Trust regarding formal notice, seeking assurance. Currently the service was not working to a 7-day week. The Chair commented that an alert had previously been made to the ICB Board and a question had been received from a member of the public around this. At that time, no harm had been reported, however, the committee required further understanding and need to seek assurance on plans to rectify the issues. S O'Brien confirmed that the ICB was not assured in this area. This had been raised as a concern at a System Improvement Board that the Trust had been undertaking with NHS England, however, as the Trust were now part of the system intervention process for system improvement, the System Improvement Board's with NHS England had now been stood down and scrutiny remained an area of concern. C Marshall reported that the Trust previously had conditions set as part of exit criteria to come out of the System Improvement Board process, which included previous issues in thrombectomy and prevention of future deaths. It was agreed that further escalation was required in this area as part of the Improvement and Assurance Groups with a formal letter from the ICB to Specialised Commissioning as lead commissioners, and to the Trust, seeking assurance that these issues would be dealt with. - **92 Histopathology-** Agreed to close. - **93 Neurology** – Agreed to close. - **94 Neurology – Procedure undertaken outside of the specialist arena without correct governance arrangements in place** – This action was an error and would cancelled. Relates to ophthalmology (see action reference 90). - **95 Patient Experience – NWAS Quality** – Agreed to close.	**CM** **CM**

	- **96 Patient Safety** – Agreed to close. - **97 Primary Care Workforce Capacity – Band 7 post within the function** – Operational and confirmed this was being dealt with within the ICB process. Agreed to close. - **98 ELHT Deep Dive Report** – It was confirmed that the figures had been shared with R Fisher and C Marshall had discussed these with him. A further written report would be received by the committee at its next meeting. Agreed to close. - **99 ELHT support** – C Marshall updated that both NHS England regional colleagues were assured in terms of review pathways and other actions the Trust were taking. The ICB would continue to attend the Mortality Steering Group meeting. Agreed to close. - **100 Improvement from Integrated Wellness Centre** – S O'Brien to send after the meeting. - **101 Risk Register** – Risk levels had been reviewed, with S O'Brien and C Moore to meet next week to discuss the quality risk. Agreed to close. *Committee to committee actions* **Social care workforce recruitment and retention –** People Committee to discuss and take forward. Agreed to close. **Patient Safety Incident Response Framework (PSIRF)** – Primary Care Commissioning Committee to discuss and take forward. Agreed to close. **Action December 2024 Patient experience assurances** **NWAS assurance** – Members noted that the family, in agreement with NWAS, had asked for feedback from utilising the story. C Lewis would provide NWAS with a narrative acknowledging that the committee had received the story, making them aware that sharing a very bad experience had brought thoughtful change going forward. **RESOLVED: That the action log is updated as detailed.**	
178/ 2425	**Patient Experience** C Lewis reported that the patient story of heart failure, stroke and a heart transplant described issues with handoffs, transition and transfer of care. These were singularly recognised as a risk point and there was not always enough mitigation built in to deal with situations, which were continually repeated. Members noted that patient stories had common features of ineffective communication between services and gaps in transition/transfer of care between services. Discussion was held to identify solutions and it was suggested that development on integrated neighbourhood teams may be part of a solution and that this work should aim to address communication and transition. It was agreed this would be escalated as an alert to the ICB Board via the Triple A report. D Atkinson suggested the presentation of a themed triangulation of the story with future patient experiences, including those coming through the Trust Patient Advice and Liaison service (PALS) and the ICB patient experience/complaints team, to help inform understanding the issues in the delivery of particular services.	

	D Blacklock raised that Healthwatch continue to be concerned about this area; listening takes place across the system in different ways, however, it was felt that listening was in isolation. The ICB Public Involvement and Engagement Advisory Committee (PIEAC) was currently looking at this as it was felt there were gaps and although lessons were coming through, learning was not being seen. S O'Brien would ask the PIEAC to consider how to triangulate the patient story with the PALS and ICB patient experience teams. Discussion was held around care navigation, learning across the ICB, the role of Place and the best way to delegate further down to help Place. **RESOLVED: That quality committee members note the content of the story.** ***D Rogers left the meeting.***	**SO'B**
179/ 2425	**<u>Statutory Functions</u>** **(a) Safeguarding dashboard Q3** A Dunne presented the quarter 3 dashboard detailing activity relating to the ICB including statutory priorities, partnership duties, duty to co-operate and place based escalation. Escalation points within the system were highlighted as follows:- - *ICB Assurance around discharge safeguarding responsibilities and functions* - Training rates were not in line with the ICB expectation. Work was taking place with human resources to address this. - *Safeguarding partnership arrangements* – In Lancashire, the system had recently moved to Place based working arrangements and were looking to move to the same arrangements for South Cumbria. As part of the local authority review, South Cumbria would be split into 2 unitary local authorities and safeguarding adult and children's partnerships need to reflect this. There was significant variation in funding across partnerships, compounded by no national formula for how contribution is determined. In 2023, the local authority, ICB and police became equal partners for safety in children, with implications for equality in financial arrangements. M Warren assured the committee that moving safeguarding adult arrangements to a Place basis had a positive impact. Board and the use of Boards had provided a focus and evaluation in how effective adult safeguarding at Place is. The ICB had contributed to agendas and business plans. There was also assurance and positive progress made around local data, how providers are engaged and how issues are responded to. - *Court of Protection and Declaration of Liberties* (COPDOL) – Targets for unallocated COPDOL renewals remained a risk for the ICB; without updated assessments being completed and with no legal framework in place, some patients may be being restricted either unnecessarily or disproportionately, being a procedural or substantive breech of the patient's human rights. Work was ongoing within the ICB and Court arena to address issues that were causing challenges in performance, including volume of demand. The team were now fully staffed, and staff training was being provided. A full report setting out why the ICB was in this position and what action is needed is available if members require sight. This risk would be alerted to the ICB Board. - *Statutory partners within both serious violence duty and child death review arrangements* – A previously circulated slide showed review and panel arrangements. Arrangements would be reviewed in 2025, to align with the Lancashire and South Cumbria footprint. The Northeast had started their consultation to be removed from pan-Cumbria child death arrangements, which would need to be addressed going forward.	

S O'Brien commented that the report was robust and the team work hard in keeping the ICB safe as an organisation. Overall, the ICB's statutory function was being met, and a high level of assurance was provided to NHS England around safeguarding arrangements. In terms of escalation, members agreed that increasing ICB compliance in safeguarding training be referred to the ICB People Committee. It was suggested to utilise unused space on training courses by sharing with system partners; this would be fed back to the training function. Formal safeguarding and patient safety training should also be considered for ICB Board members. Operational funding changes would be taken through the ICB Commissioning Resource Group and work was underway in relation to budgets for next year; details were being worked through to ensure this was factored into future ICB budgets. S O'Brien confirmed that Kevin Lavery, ICB Chief Executive, was the Lead safeguarding partner (LSP) for the ICB and the delegated safeguarding partner (DSP) was S O'Brien. Guidance in 'Working Together' was being discharged by the ICB.

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Due to financial challenges in the local authorities and ICB, it was suggested to start to look at joint areas of work to rationalise and share responsibilities, which would be helpful to the local authorities as the DOLs administrator, linking together to support training of staff in the system. Members felt this to be a helpful suggestion, playing to the integration agenda.

D Atkinson reported that Debbie Eyitayo, ICB Chief People Officer, was developing an organisational development training programme, and safeguarding training would be built into this.

RESOLVED: That quality committee members note the position and alerts made to ICB Board.

(b) Learning Disability and Autism

S O'Brien introduced the item and previously circulated report providing assurance on plans in place to address quality issues and identify issues for escalation within learning disability and autism. There are a lot of challenges in this area and the following key points were highlighted:-

- Improvement had been seen in key areas reported nationally and regionally.
- Adult in-patient rates remained higher than required but data reported in the meeting paper showed a steady reduction.
- The uptake of health checks were good and practices had signed up to an enhanced way for doing this to ensure quality.
- Learning had been taken from LeDeR and Oliver McGowan training.
- The team had received a lot of good feedback overall.
- Biggest area of complaint was regarding waiting times for autism assessment for adults, which remained a significant challenge for the system.

The committee were formally informed that a notification had been received for a SEND inspection in Westmorland and Furness during the weeks of 3rd and 7th February 2025.

D Blacklock raised concern that as an independent partner on the working group, it did not feel that the 2022 learning disability strategy around how we help people with learning disabilities to live better lives, was being driven as quickly as it should be. Recognition was made that some things were working well with some positive ongoing work. The Chair raised that in terms of priority for reducing health inequalities, this was one of the groups that needed consideration to improvement.

M Warren reported that a review of the Learning Disability and Autism Programme Board for the region was taking place in terms of attendance and accountability for ensuring people with autism are supported with activities in daily living, proportionate to their situation, housing, etc. The ICB and local authorities had recently jointly written to Learning Disability Partnership Board Chairs in each of the 4 Places seeking approval for a new governance process, asking Chair's to commit to looking at their partnership in terms of each area plan, and asking what the 3 big areas were that they could show they were making an impact on over the next 3 months; responses were awaited. The regional group would provide support. It was hoped that the new process would be underway from April 2025. M Warren continued that the supported living framework would not be effective unless the 4 local authorities were part of the framework, linked to continuing health care, etc. The local authorities had been asked to review the framework moving forward. S O'Brien would ask Debbie Wardleworth to lead this work from an ICB perspective, picking up discussion to ensure the framework review was undertaken jointly with the 4 local authorities.

S O'Brien acknowledged the challenge raised around the Learning Disability Strategy and added that LeDeR had not driven the necessary improvements. Discussion had been held at a recent ICB Board meeting regarding health inequalities and how we focus. In terms of health inequalities, people with learning disability and autism are some of the most vulnerable people in our communities ; the committee suggested that this group of people should be prioritised for system population health work and the ICB Board would be asked to prioritise this via the Triple A report.

It was highlighted that following an adult autism assessment, there was no facility for people who have a diagnosis to receive support. A diagnostic service had been commissioned and the patient receives an email with links to various helpful webpages. It was also noted that autism excludes people from many pathways and people with this diagnosis are unable to access mental health services. It was hoped that the work discussed earlier would 'open up' pathways around how to access care.

RESOLVED: That the committee note the content of the report and ask the ICB Board to prioritise learning disability and autism for health inequalities work

(c) All Age Continuing Care (AACC) and Individual Patient Activity (IPA) Update

S O'Brien reported that the ICB was under immense scrutiny for AACC from NHS England, particularly in relation to the associated financial challenges. A report had previously been circulated to members providing a high level of assurance in terms of the quality premium and quality targets set by NHS England.

For many years, the service had not reached the target of 28 days for an assessment, however, this was now being met consistently over 90%. Other work undertaken focused on fast track. This area had been flagged in relation to finance, however, there were also a lot of people on the fast track pathway who should not have been; following targeted work, this had now seen a 23% reduction. Lancashire and South Cumbria had circa 9000 packages of care, with everyone entitled to a 3 month and 12-month review. Some of the significant back log remained outstanding. External support had helped with the review and numbers were reducing. There was a high level of assurance around assessment in terms of quality. One of the biggest challenges was the number of packages in place in Lancashire and South Cumbria and the rate of conversion to continuing healthcare. In terms of numbers of packages and rate of conversion to continuing healthcare there was challenge in Blackpool a deep dive was taking place to look at this further. Historical gaps in commissioning had become apparent, with some services to support people not being system wide

and causing people to decompensate more, with the result of requiring continuing healthcare. Gaps or variation had also been seen in end-of-life care. The team were beginning to understand the cause of a huge number of packages and the financial challenge.

The Chair thanked S O'Brien for describing the financial challenges and the work being undertaken to address these. Currently the Finance and Performance Committee are tasked with assurance work in relation to finance and the Quality Committee are tasked with assurance on quality.

M Warren expressed that a lot of good work had been undertaken over the last 18 months to bring accountability and structure to this area. The 4 local authorities were extremely concerned in the way in which some of the financial savings' element of continuing healthcare was being implemented. M Warren raised concern as it was perceived that this was shunting cost at a significant speed to local authorities who also had budget savings to be made, he stated that local authorities did not agree with the way the cost element was being dealt with, including retrospective invoicing, proposals around discontinuing 28 day section 10 and the removal of interim funding. It was accepted that work needs to be taken forward at pace, noting that this could potentially damage relationships in moving forward. Local authorities and DASS were currently working with S O'Brien to seek to resolve.

As Chair of the ICB Finance and Performance Committee, R Fisher thanked M Warren for raising his concerns at this meeting and was aware of the position and discussions with local authorities. Some time ago, Blackpool were looking at reconciliation of some of their cases and discussion was held around how money was spent between health and social care. To meet the expectation, a lot of work was undertaken looking at individual cases, and collaborative working was key. It was felt this was about segmentation of population and how this might work in particular areas. In relation to the suggested work on deprivation, if this took place, this must come with a resource allocation to ensure that the population was dealt with appropriately.

J Hannett expressed that conversations between the ICB and local authorities had potential consequences with voluntary sector work, raising concern if conversations were patient centered and helping with the wider integration journey.

The committee recognised the quality aspects of AACC that had been achieved over this short time.

S O'Brien continued that the team were focusing on certain areas to understand the outliers. The ICB was under a lot of scrutiny and needed to understand the data, highlighting that this was not around doing anything different with the population. Difficult conversations were being held with the directors of adult social care, and it was thought that relationships remained as good as they could be at this stage, expressing that agreement must be made with local authority partners, being pivotal to integration.

The Chair thanked S O'Brien and the team for all the work undertaken to date and that staff will be supported with their health and wellbeing. All staff were thanked for continuing to look at improving quality.

RESOLVED: That the committee note the report and discussion held at this meeting.

180/ 2425	**Patient Safety Update** A report had previously been circulated to members updating on the progress made by the ICB and commissioned providers in terms of implementation of the national Patient Safety Strategy expectations, including the Patient Safety Incident Response Framework (PSIRF) and close-down of the Serious Incident Framework 2015. C Marshall reported the following key highlights:- - 9 providers had submitted a draft policy and plans to the ICB for formal approval. These had been through a rigorous assessment process and through a panel; committee approval was now being sought. Since the report had been circulated, Regenerage and Trinity Hospice had submitted draft plans. - In line with national expectations, Blackpool Teaching Hospitals (BTH) had refreshed their Patient Incident Response Plan following implementation 12 months ago. Following wide stakeholder engagement, the revision had been approved by the BTH Clinical Governance Committee, Quality Assurance Committee and the Trust Board and the ICB Quality Committee are asked to consider approval. The Trust had identified 3 new local priorities which meet national requirements. - Significant movement had been seen on smaller providers policy and plan submission. The team were supporting providers, however, there were currently 27 providers (updated from the 29 that was stated in the report) whose draft policy or plan had not been received or they are declining to engage. Work was underway with commissioners to see if a response could be initiated. Next week, an email would be sent to providers and if nothing is received following that, formal contractual leavers notice would be sought. The contracting team had confirmed that a proportion of the 27 provider contracts would not be renewed into the next financial year and the committee were asked to support that there is no enforcement for these providers to submit a draft policy and plan, given the value and length of the remaining contract. - The ICB inherited backlog of serious incidents, identified through internal audit, had reduced to 27, from 349 on 2 April 2024. The work around this significant improvement was acknowledged. Concern was flagged for one trust where little progress had been seen since early last September, despite deadlines put in place. This had been escalated to the Trust, giving the final deadline to respond by 14 February 2025; the Trust had advised they would be unable to provide assurance that this deadline would be met. Support would continue and this has been escalated to the Trust's quality assurance team to raise to their Quality Committee. - Colleagues were assured that a process was in place to identify system themes and trends around Never Events, with shared learning being taken through the ICS shared learning groups and triangulated with quality assurance colleagues. - 2 Never Events were reported verbally in December 2024, as set out in appendix 1 of the meeting report, 1 being psychological harm rather than physical. No further harms had been identified. The ICB is assured that Lancashire and South Cumbria Foundation Trust (LSCFT) are fully sighted on the cases and the Trust was being extremely open and transparent, with regular breakdowns provided to the ICB. There had been a cluster of inpatient deaths in the Trust and a roundtable had determined gaps associated with these incidents; a robust plan was now in place. The quality assurance team were taking site visits and CQC undertook an unannounced inspection at the Trust's inpatient unit at the end of December. Verbal feedback from the CQC visit was positive and all outcomes from organisations align. C Marshall continued that since the production of the meeting report, the following issues had arisen:- - An inquest was due to commence in February regarding a baby, at 7 days old, who passed away in 2019. The child had been born at UHMB and transferred to LTH. The coroner had invoked article 2 for the inquest, and the case was expected to attract significant media attention, mainly due to historic issues around maternity services	

	within the trust and also a review on current processes had not been complimentary. - BTH had verbally advised the Blackpool Coroner would probably issue a Regulation 28 notice, relating to a 27-year-old male who passed away in the Trust previously and whose death was subject to media attention. The coroner deferred the inquest from 4 February; a new date was awaited. The ICB was working with both LSCFT and BTH to ensure the report reflected the investigation, following the journey the man took through both services. A question was raised around some staff's professional behaviour in LSCFT's; C Marshall responded that when the current leadership came into post a few years previous, a number of professional issues were raised, and a lot of work was undertaken to counteract this. It had been indicated that work around culture with staff had had a significant impact. External visits also took place on wards, providing further assurance in culture, which was triangulated with internal measures. This included a CQC Well inspection. The Chair asked that outcomes from the relevant Trust Quality Committee in relation to the incidents be shared with this committee, for assurance. **RESOLVED: That the committee:-** - **Note the contents of the report** - **Support the approval of the 8 provider PSIRF policies and plans recommended in Table 1, plus the 2 verbally reported provider PSIRF policies** - **Accept the revised BTH Patient Safety Incident Response Plan** - **Support that for providers whose contracts were not being renewed in the next financial year, the ICB would not enforce submission of draft policy and plan.**	**SO'B**
181/ 2425	**<u>Suicide Prevention ICB Programme</u>** *Item deferred to the next committee meeting.* ***David Blacklock left the meeting.***	
182/ 2425	**<u>Community Service Providers – Quality Assurance</u>** C Lewis introduced the paper presented to the meeting, She explained that the paper reports specific pieces of work or contract governance that had either been paused or closed to enable an audit trail around governance. The two clinical led service specifications around dietary nutrition and dietetics had made progress, the lymphoedema service was now commissioned and there was reported improvements in phlebotomy. Members noted that an NCIC neurology service update would be provided to the committee at its next meeting. The Kingsgate review was expected to drive 2025/26 commissioning priorities for the ICB in relation to community services. Members noted that the quality team had progressed work, and opportunities continued to be looked at to bring teams closer together operationally. It was confirmed that Fylde Coast Medical Services were currently recruiting, having been offered a 12-month contract to deliver wound care in North Lancashire. It was agreed that the next report would be in the form of a Triple A format. **RESOLVED: That the committee note the content of the report and progress made to date, recognising the complexity and the volume of these services.**	

183/ 2425	**Smaller Provider Quality Assurance** A report had previously been circulated to members providing an overview for many contracts, with disparate smaller providers. The report identified the processes by which these contracts had been risk profiled, managed by a small quality team, and highlighted some of the risks and quality issues associated with these contracts. For differing reasons, independent sector providers presented challenges, alluded to within the report; the quality team would be undertaking further focused work around these particular providers for assurance. The Chair recognised a fragile workforce, and consideration would be made on how to support these people going forward. Due to the difficulties of a number of small providers, risk stratifying work would focus on the key areas and look at the work programme and outcomes. The team were thanked for their work and the committee noted the plan going forward, recognising the importance of scrutinising this area. **RESOLVED: That the committee:-** - **Note the processes established for quality oversight of many contracts and providers by a small staff resource** - **Note the work programme to make contract requirements more proportionate and consistent across providers for the 2025/26 contract year** - **Note the key provider concerns and how these are being addressed.**	
184/ 2425	**Histopathology Update and Assurance** Members were reminded that the backlog of histopathology tests and results at East Lancashire Hospitals NHS Trust (ELHT) had been considered at a previous committee meeting, when further assurance was required around how the backlog was being addressed. A report had been circulated to members and C Lewis provided the following verbal updates: - - ELHT had been in receipt of mutual aid, but there was anxiety around the Trust sustaining their position as the mutual aid was shortly coming to an end. - Members were asked to note the task and finish work, led by Fleur Carney on a weekly basis with the Trust. The Trust has been asked to refresh their action plan for histopathology as the ICB felt there was more assurance needed, and more robustness needed within the action plan. - The backlog had reduced to 4617 from 8000. - 11 incomplete clinical reviews remained, which were expected to be completed within the next 2 weeks. - No further harms had been formally identified apart from those already reported to the committee earlier in this meeting, although, the Trust's Quality Committee report indicated there may be 1 more, subject to the final review. - The ICB Medical Director had asked all Trusts for their consultant job plans; partly to work out if there was a different approach or different capacity specific to ELHT. - The Trust was looking at a number of different efficiency processes they could adopt. - UCAS visit identified some areas improvement, however, the back log was the main reason for the UCAS registration being extended for a further 6 months. Members agreed that progress was being made, however, the Committee were not assured regarding sustaining progress; this would be reported as an alert to the ICB Board. The Chair expected this to be picked up in the Trust Improvement and Assurance Group, acknowledging that these were now very finance focused. The Committee requested a further update, outside of a meeting, at the end of February 2025, with a view	

	to further discussion at the March committee meeting. **RESOLVED: That Quality Committee members note the progress being made and support the continuation of ICB oversight of patient harms and backlog reduction.**	
185/ 2425	**<u>3As Primary Care Quality Group – Primary Care Services – 11 December 2024</u>** Members received the meeting paper that included the integrated performance report for primary care, which had been presented at the Primary Care Quality Group, acknowledging that further work was required to ensure flow in a timelier way. Going forward, areas that were not evidenced would be escalated to the Quality Committee. In relation to the integrated performance report quality indicators, J Colclough raised concern that full time equivalent doctors include a large number of trainees, therefore, the data measures would not follow key lines of enquiry as would not give the right numbers. C Lewis responded that the data provides key lines of enquiry as to where to go next in terms of support or visits, although it was recognised that these are not absolute indicators that tell us that practices were doing well. As the integrated performance report is produced, this would drive more of the reactive framework. J Colclough commented that often it would be the face-to-face contact that provided richness of quality impact. C Lewis would take comments to the Primary Care Quality Group for further discussion. Outside of this meeting, J Colclough would discuss further with C Lewis, Sarah Squires and Dr Miles who were pulling the dashboard together. D Atkinson reported that a lot of work was taking place around the focus and holistic view in terms of improving outcomes/patient experience, etc. Focus would go into the Primary Care Commissioning Committee, then to the Quality Committee. Thinking was around what committee assurance and what the ICB needs them to look at, including providers and the right areas for each sector. The Chair summarised that feedback of today's discussion was to be taken back to the quality team including the biochemistry blood process in East Lancashire Teaching Hospitals, to find out if there is an issue and if so, what needs to happen about it, also if there was challenge around laboratory services currently. Alerts need to be fed back into the Quality Committees. **RESOLVED: That the committee note the report.**	**CL** **CL**
186/ 2425	**<u>Triple A from Improvement and Assurance Groups (IAG) – November and December 2024</u>** S O'Brien explained that reports submitted to this meeting were from previous IAGs. At that time Lancashire Teaching Hospitals had a System Improvement Board with NHS England, rather than an IAG. Price Waterhouse and Coopers (PWC) were now undertaking oversight with all Trusts, with the IAGs now having an increased finance focus. The committee expressed some concern that the revised IAG process with a priority focus on finance may not address all key quality issues. If this was the case, other mechanisms of governance would need to be sought. The ICB Board would be alerted via the Triple A report to ensure quality was picked up. ***Joe Hannett left the meeting.*** **RESOLVED: That quality committee members note the update received.**	

187/ 2425	**PIEAC – Patient Involvement and Engagement** **RESOLVED: That quality committee members note the update received.**	
188/ 2425	**Committee Escalation and Assurance Report to the Board** Members noted the items which would be included on the committee escalation and assurance report to the Board, and this report would be shared with members for information. **RESOLVED: That the Quality Committee note that a report will be taken to ICB Board.**	**SL**
188/ 2425	**Items referred to other committees** **RESOLVED: That the Quality Committee refer increasing compliance of safeguarding training to the People Committee.**	
189/ 2425	**New directives/regulations/reviews that have been published** - The Insightful Board information had recently been published. - Members had been made aware of PWC's work and the ICB was imminently expecting formal action that NHS England would take due to the deficit position, which may include quality indicators. Formal notification would be received by letter to the ICB and Trusts. **RESOLVED: That the Quality Committee note the formal intervention work being undertaken by PWC.**	
190/ 2425	**Any Other Business** **Safeguarding Reporting –** For committee awareness, future safeguarding reports would be presented the committee 4 times per year in January, April, July and October. The previous scheduled frequency was 3 times a year. **Interpretation and Translation Services –** C Lewis updated on a previous closed action, that the ICB had made an investment to extend interpretation and translation services to all primary care services in 2025/26, which was a statutory obligation. In the first 3 months of 2025, specific actions include to assure the ICB's position and consideration would then be given to procurement. **Quality Focus -** The Chair expressed that it was important to keep focus on quality in the current context that the system was operating in, particular Quality Impact Assessments. **Future meetings -** It was confirmed that further to previous discussion, the Quality Committee scheduled to be held on 19 February 2025 would be cancelled, however, it was suggested to circulate the Quality Impact Assessment and histopathology backlog updates outside of a meeting to seek views to ensure focus and assurance going forward. The March meeting would be moved to be held on 26 March 2025. **RESOLVED: That the Quality Committee:-** **- Note the revised reporting timescales for safeguarding** **- Note the update in relation to interpretation and translation services**	

	- Note the re-scheduling of committee meetings during February and March 2025.	
191/ 2425	**<u>Items for the Risk Register</u>** **RESOLVED: That there were no new items for the risk register.**	
192/ 2425	**<u>Reflections from the Meeting</u>** **Was the committee challenged?** **Making a difference?** J Colclough reflected that, as discussed in item 9, several practices collective action will reduce finance, e.g., dressings previously had been an area where practices generated income. Although primary care wants to continue with collective action, financial implications may be seen and it was felt that the whole element had not been considered. The Chair reflected that there was good discussion at the meeting. **RESOLVED: That the committee note the reflections.**	
193/ 2425	**<u>Date, Time and Venue of Next Meeting</u>** The next meeting would be held on Wednesday, 26 March 2025 at 1.30pm, Lune Room, County Hall, Preston. A Quality Impact Assessment update and further assurance around the histopathology backlog would be circulated to members in February outside of a meeting.	