

Approved at the ICB Quality & Outcomes Committee meeting 7 May 2025

Minutes of the ICB Quality Committee Held on Wednesday 26 March 2025 MS Teams

<u>Members</u>		
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
Andy Curran	Associate Medical Director, Deputising for Medical Director role	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
<u>Attendees</u>		
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 Blacklock	Healthwatch Representative	People First/ Healthwatch Cumbria & Lancashire
Caroline Marshall	Associate Director of Patient Safety	L&SC ICB
Andrew White	Chief Pharmacist	L&SC ICB
David Rogers (up to item 179/2425)	Head of Communications and Engagement	L&SC ICB
Claire Moore (up to item 200/2425)	Head of Risk, Assurance and Delivery	L&SC ICB
Andrew Bennett (up to item 200/2425)	Director of Population Health	L&SC ICB
Fleur Carney (from item 200/2425)	Director of Mental Health, Cancer and Alliance	L&SC ICB
Dr April Brown (observing)	Intensive Improvement Director, National Recovery Support Team	NHS England
Louise Coulson (observing)	Committee and Governance Officer	L&SC ICB
Sandra Lishman	Committee and Governance Officer	L&SC ICB

Item No	Item	Action
194/2425	<p><u>Welcome, Introductions and Chair's Remarks</u></p> <p>The Chair welcomed and thanked everyone for their attendance at this meeting, including Dr April Brown, Improvement Director with NHS England's National Recovery Support Team, who was providing support around leadership and governance, including financial governance, across the ICB. Members were asked to introduce themselves to Dr Brown as they spoke. Leads were asked to assume members had read the reports in advance of the meeting. As agreed by the ICB Board at its meeting held on 19 March 2025, as</p>	

	part of the review of committees, from 1 April 2025, the ICB Quality Committee would transition into the ICB Quality and Outcomes Committee, which will provide a better opportunity to look at impacts and the fundamentals of what the ICB should achieve. To enhance the work being undertaken, additional members would be included in the membership of the Quality and Outcomes Committee.	
195/ 2425	<p><u>Apologies for Absence/Quoracy of Meeting</u></p> <p>Apologies were received and noted from Kathryn Lord, Bridget Lees and Debra Atkinson, with standing apologies from Debbie Corcoran.</p> <p>The meeting was quorate.</p>	
196/ 2425	<p><u>Declarations of Interest</u></p> <p>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.</p> <p>RESOLVED: That no declarations of interest were raised relating to the items on the agenda.</p> <p>(a) Quality Committee Register of Interests.</p> <p>RESOLVED: That the Quality Committee register of interests was received and noted.</p>	
197/ 2425	<p>a) <u>Minutes of the Meeting Held on 22 January 2025, Matters Arising and Action Log</u></p> <p>The below required amendment was highlighted and agreed:-</p> <p>180/2425 – Patient Safety Update – The minute should read that BTH had verbally advised the Blackpool Coroner would <u>probably</u> 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.</p> <p>RESOLVED: That the minutes of the meeting held on 22 January 2025 were approved as a correct record subject to the above amendment.</p> <p>b) <u>Action Log</u></p> <p>The action log was reviewed and discussed as follows:</p> <ul style="list-style-type: none"> - 74 Suicide Prevention Findings – On agenda at today's meeting. <i>Post-meeting note – Due to time constraints item was not discussed at the 26 March meeting, being deferred to the next committee meeting.</i> - 83 Patient Communication – Discussions would be ongoing with communication being raised in every patient story/experience. The ICB Board had previously been alerted to this and further discussion on how to improve system communication would be taken forward at the System Quality Group meetings. Action closed. - 90 Paediatric Ophthalmology – It was reported that Specialised Commissioning had written to Lancashire Teaching Hospitals (LTH) and the response from LTH offered 	

some reassurance around this issue. Specilaised Commissioning was arranging a meeting with LTH to look at systems and processes. It was confirmed that the Trust was no longer treating this patient or others in this way. The committee agreed that the action remain open until assurance was received regarding the correct administration and governance of Afilbercept going forward.

- **91 Mechanical Thrombectomy** - It was reported that Lancashire Teaching Hospitals (LTH) had appointed an additional thrombectomy consultant and further recruitment was underway. There was dissension amongst consultants around remuneration for delivery of the service. Discussion was ongoing with LTH and at this stage, assurance could not be provided for a 7-day service. Region had been in contact with the ICB Chief Operating Officer to explore some of the issues with the trust. It was confirmed that this issue had been raised at the Improvement Assurance Group meeting and was being picked up within that agenda. Members agreed that this be raised to the ICB Board within the committee's Triple A report and the action would remain open until action had been taken.
- **100 Improvement from Integrated Wellness Centre** – Action completed. Agreed to close.
- **102 Triangulation of Patient Story** – The ICB Public Involvement and Engagement Advisory Committee (PIEAC) had been stood down, with its last meeting being held today. Complaints would in future be part of the remit of the Quality and Outcomes Committee. S O'Brien confirmed that other sources would be triangulated as would soft intelligence and then presented to this committee. Following discussion, it was agreed that the complaints team will provide information to inform the story being shared at the committee meetings, enabling connectivity. The robustness of this approach would be retrospectively tested from a communications and engagement perspective. The Chair summarised that the team would be asked to look back around themes coming out from recent stories and going forward to consider a selection on how to bring the experiences to the committee in a more nuanced way. Agreed to close.
- **103 Safeguarding** – ICB compliance in safeguarding training would be included within future safeguarding reporting. Agreed to close.
- **104 Patient Safety** – C Lewis updated that there was no single paper from Lancashire and South Cumbria Foundation Trust Quality Committee meetings in relation to the incidents and outcomes, however, elements were incorporated through a number of papers. This has been raised with the meeting administrator and Chief Nurse; feedback was awaited. Agreed to close.
- **105 Primary Care Quality Group** – J Colclough explained that this action was around what the ICB Board defined primary care 'quality' in order for this to be measured effectively. Given the new layout of the committee being more outcome driven this should add clarity, however, it was suggested that as we move to the new committee structure, a piece of work should be undertaken to ensure the team were aware of what the ask was in relation to quality measures. Action to remain open to ensure movement continues in a positive direction.
- **106 Primary Care Quality Group** – Concerns had been raised by primary care regarding the timeliness of potassium blood results being passed back to them. A number of steps had been taken both within East Lancashire Hospitals Trust pathology department and in collaboration with primary care in terms of collection of blood times to help the laboratory process information required and turnaround samples. This procedure was not fully in place at this stage. Members agreed for the

	<p>action to remain open until full assurance could be received.</p> <p><u>Committee to committee actions</u></p> <p>Transfer of specialist learning disability service to a new provider – Deferred to the May 2025 Quality and Outcomes Committee meeting as the final report was awaited from NHS England.</p> <p>Safeguarding training – Action being taken forward by the People Committee. Agreed to close.</p> <p>RESOLVED: That the action log is updated as detailed.</p>	
198/2425	<p><u>Patient Experience</u></p> <p>S O'Brien reported that the patient story shared in advance of this meeting focused on a person with learning disabilities and their family sharing their experiences. No reflection from members had been received in advance of this meeting. Updates from LeDeR reviews had previously been provided to the committee, an update on SEND would be presented at today's meeting. It is recognised that health inequalities are higher in people living with a learning disability or autism and this was a challenge for the ICB.</p> <p>A Curran reflected the story was touching and in particular that school was the happiest time of the person's life, much to do with the support provided for children at school. The negative aspect was that the person had to move away to an out of area placement, and the effect this had on the person was acknowledged.</p> <p>S O'Brien continued that the LCC SEND inspection had flagged that transition into adulthood required improvement. Specialist learning disability beds within Lancashire and South Cumbria were expected to open in October 2025, which would reduce the need for out of area placements, however, as there were no beds at this current time, this was proving a real challenge.</p> <p>The Chair reflected that the story contained a lot of positives and was a good reminder that people with learning disabilities have a wide range of needs. Focus should be on the lack of inpatient facilities in the area for people with learning disabilities, partnered with having better community services and a holistic approach.</p> <p>D Blacklock reported that he had attended a meeting this morning where discussion was held regarding the lack of drive around the Learning Disability and Autism Strategy, which the ICB had signed up to a number of years ago. It was felt that there was not enough coordination in the system to reduce inequalities that people with a learning disability face and that there was uncertainty around which organisation owned and had accountability for the strategy. S O'Brien would look at how to seek to understand the transition of the learning disability strategy and how to take this forward.</p> <p>In response, M Warren advised that the Learning Disability and Autism Regional Programme Board is facilitated through the ICB, and includes representatives from Blackpool, Lancashire, Blackburn and Westmoreland and Furness. Correspondence had been sent to Chairs of each place-based locality partnership, including Healthwatch, setting out a number of proposals for the purpose of this group. The group is co-Chaired by M Warren and J Brennan, ICB Director of Nursing in Adult Health and Care. The strategy was co-produced in 2022. It is hoped that responses from the correspondence sent will result in a way that organisations can work together more effectively to deliver real outcomes in this area, with place-based partners driving changes. Ownership in how</p>	SO'B

	<p>to develop accountability would be taken forward with S O'Brien. M Warren continued that in terms of trying to support people with a learning disability or autism in crisis, commissioning frameworks need to start in place, including sufficient housing with care need facilities and specialised learning disability outreach to respond to people in crisis ensuring they do not need to go to hospital initially. This would be taken back to the Learning Disability and Programme Board to ensure that people these services relate to can influence some of the options that were being put together.</p> <p>The Chair reflected that when revised ICB arrangements were being looked at, consideration need to be made as to what this means to ensure things are not missed.</p> <p>RESOLVED: That quality committee members note the content of the story.</p> <p><i>D Rogers left the meeting.</i></p>	
<p>199/ 2425</p>	<p><u>Quarterly Risk Management Update</u></p> <p>A paper reporting against activity on risk management had previously been circulated to members. C Moore explained that the paper was set out as follows:-</p> <ul style="list-style-type: none"> - Section 2 draws out any changes to the risk register relating to the business of the Quality Committee - Section 3 sets out the risk held on the Board Assurance Framework (BAF), jointly overseen by the Quality and the Finance and Performance Committees, drawing out key changes since the last update - Section 4 shows the operational risk, with the table in section 4.2 summarising what each risk is - Each risk was included in full within the appendices. <p>A Bennett, ICB Director of Population Health, reported that at its meeting held in January 2025, the ICB Board held discussion on the BAF risk pertaining to health inequalities, the Board asked that the risk ratings, controls and mitigations be re-examined. It was recognised that some health inequalities were outside of ICB duties, however, the ICB had a responsibility to commission and oversee health services in a way that reduces health inequalities. On re-examination, it was felt that the risk score could be reduced, however, the risk to the committee was that Lancashire and South Cumbria have known significant levels of inequalities with problems around finances which are leading to difficult decisions being made. The risk score when presented to the ICB Board was 15 and with further action taken, the proposal was to reduce the score to 12.</p> <p>A Rajpura expressed that he had had concern around this for some time. He welcomed the development of stronger governance around inequalities, feeding into this committee for oversight and expected stronger involvement of the ICB Board in tackling this in future. He felt that prevention should be featured in investment plans as it was unclear which areas were being taken out within ICB plans.</p> <p>J Hannett was in agreement with A Rajpura's comments and added that a strategic direction for the ICB in relation to health inequalities and prevention should be included on the BAF. Feedback received around the ICB Prevention and Health Inequalities Steering Group (PHISG) was that it had not become the platform the voluntary sector alliance hoped it would be to tackle prevention. A Curran responded that inequalities sits within the medical directorate and it was recognised that not enough work had been undertaken around prevention as a system. It was important that Quality Impact Assessments (QIA) did not lose sight of the agenda, recognising the whole of health and social care were struggling with prevention.</p>	

	<p>Dr Brown commented that the BAF was clear, with the information contained within the document being very detailed, to help shape and drive this area. It was suggested that QIAs need to be a control if looking at the inequality BAF risk.</p> <p>J Hannett shared his reluctance to reduce the risk score, being fundamental to the role of the ICB. A Bennett explained that the risk score of 12 remained above the ICB Board's desired scoring point; the BAF document would be discussed further at the steering group. C Moore would contact J Hannett outside of this meeting to explain further around the BAF risks and scoring.</p> <p>The Chair thanked all for their work and useful discussion at this meeting, thanking Dr Brown for her comments on how to further improve and refine the BAF. The ICB Board would be advised of this discussion via the committee Triple A report.</p> <p>RESOLVED: That the Quality Committee-:</p> <ul style="list-style-type: none"> - Note the contents of the report and the risk management activity undertaken during the reporting period. - Note the update provided in relation to risks held on the BAF including the proposed reduction in risk score relating to BAF-002 (Health Inequalities). - Note the addition of four new operational risks relating to the business of the committee which meet the threshold for corporate oversight, and one functional level risk which has been escalated to the ORR. <p><i>F Carney joined the meeting.</i></p> <p><i>A Bennett left the meeting.</i></p>	CM
200/ 2425	<p><u>Statutory Functions</u></p> <p><u>Medicines Optimisation and Medicines Safety Update</u> – A meeting report had previously been circulated to members providing assurance to the sections of the medicines optimisation work plan that were currently being achieved and the challenges the team and system were currently facing in relation to medicines safety, quality and value. AW highlighted potential challenges that would be addressed through the Medicines Optimisation Local Enhanced Service (LES) which was due to be approved next week. Capacity constraints within neurology at Lancashire Teaching Hospitals (LTH) were ongoing; the medicines optimisation team proposed to take on the responsibility for developing a robust patient pathway and clinical guideline, in collaboration with the Director of Neurology, primary care leads and the Consortium of Lancashire and Cumbria LMCs. National guidance had been published on outbreaks of infectious disease, advising that ICBs review existing arrangements to identify gaps in provision and consider whether alternative delivery models may be required. The ICB was looking to pull together a single guidance across Lancashire and South Cumbria. Diabetes was currently the biggest area of growth, with poor outcomes; the medicines optimisation team would focus on auditing and improving diabetes care for the system. The LES also included shared care, and there was now a single approach across Lancashire and South Cumbria.</p> <p>Members felt that there was a need for consistent arrangements in prophylaxis/treatment for generalised outbreak across the patch and felt that clarity would be helpful and the proposals would help care homes in outbreaks. J Colclough thanked the ICB for taking the LES forward with a view to removing inequalities by having a standardised offer, however, members were asked to be mindful that this would result in some services being</p>	

	<p>decommissioned. It was also highlighted that some drugs for diabetes had side effects of heart failure, which must be understood on prescribing.</p> <p>The Chair thanked the team for the work being undertaken, being a helpful way forward.</p> <p>RESOLVED: That the committee:-</p> <ul style="list-style-type: none"> - Note the current challenges being faced by the system in relation to medicines safety, quality and value - Support appropriate funding for the Medicines Optimisation LES - Support the approach for one provider to supply prophylaxis/treatment medication for generalised outbreaks in line with national guidance - Support/endorse the medicines optimisation team approach as being the best safest and alternative option to ensure Lancashire and South Cumbria prescribing of valproate is compliant with the MHRA recommendations and patient safety preserved - Note the best safest and alternative approach does deviate from the MHRA Valproate alert, however safeguards will be put in place to ensure quality and patient safety is maintained - Agree for this alternative approach to the MHRA Valproate alert be shared with NHS England for noting the Lancashire and South Cumbria ICB approach. <p><u>Policy for Non-Medical Prescribing in General Practice</u> – A White reported that the policy presented updated a previously agreed policy. Updates stemmed from feedback from the previous policy, with an additional section around non-medical prescribers having authority to prescribe within their sphere of competence. J Colclough and A Curran would discuss the different drugs that non-medical prescribers could prescribe, dependent on qualifications, outside of this meeting.</p> <p>The Chair thanked the team for their work in the updated policy.</p> <p>RESOLVED: The Quality Committee approved the updated version of Policy.</p>	JC/AC
201/ 2425	<p><u>Acute Mental Health and NWS Provider Report</u></p> <p>C Lewis provided the following highlights from the previously circulated report:-</p> <ul style="list-style-type: none"> - Assurance had now been completed from the quality visits to urgent and emergency care (UEC) pathways at the 4 Lancashire and South Cumbria trusts. The visits were in response to the NHS England letter seeking assurance on pressured services. It was noted that although there was nothing to escalate in relation to the national picture, each trust now had an action plan in response to findings and recommendations - A culture review was underway across all ambulance services in the country, which the ICB would feed into relating to NWS. A dashboard would be created in response to this. NWS had been asked for a timescale for when this would flow through. <p>R Fisher raised concern around the number of alerts within the meeting report regarding East Lancashire Hospital Trust (ELHT). In response to mortality, C Marshall explained that the data was not regularly refreshed and a change was not expected until later this year. It was hoped the Dr Foster data may start to show improvement locally from April</p>	

	<p>2025. Data shown was partly local data and also crude mortality data. It was highlighted that some of the narrative was not up to date, which would be picked up in future reports. The quality team were assured in relation to local data. S O'Brien continued that in relation to crude mortality, it had been noted that a small number of issues had not moved across the patch, deadlines on a trust response had been requested, however, no change had been seen. It was suggested that the committee recommend that ICB executives drive this forward through formal contract mechanisms. Members agreed to alert the ICB Board on the position around diagnostics and not meeting targets, via the Triple A. It was confirmed that SPC trend data available would be pulled through from trusts into future reporting, which may provide improved committee assurance.</p> <p>Histopathology would be discussed as a stand-alone item at this meeting.</p> <p>C Lewis reported that clinical coding issues had been discussed in a trust meeting earlier today and was around workforce capacity, rather than quality and depth of coding. Future committee reporting would include an update in this area and consideration would need to be made as to the ICB response to this. It was noted that staffing vacancies for coding was a national issue and a significant amount of time was required to train a coder, it was noted that consideration be made as to how to enable equity of banding as a system.</p> <p>RESOLVED: That the committee:-</p> <ul style="list-style-type: none"> - Note the content of the report - Note the ongoing actions relating to quality assurance. 	
<p>202/ 2425</p>	<p><u>South Cumbria Neurology Services Update</u></p> <p>C Lewis reported that the previously circulated meeting paper outlined the history of service for South Cumbria residents, managed by North Cumbria Integrated Care NHS Trust (NCIC), who had previously given notice and continued to struggle meeting the specification. Different considerations on how to make the service stable had been considered by the ICB, resulting in the service being provided by an independent provider. A provider had been secured from 1 April 2025 and the committee would be updated after that time for assurance that the service was fully implemented and operating to the service specification required.</p> <p>A Curran continued that the Neurosciences Board was chaired by the ICB Medical Director. Ongoing discussions were being held with University Hospitals of Morecambe Bay Trust (UHMB) around the support required and any risks that required mitigating. The commissioning team were thanked in taking forward this work as there were a number of moving areas to prepare.</p> <p>A White reported that there was an arrangement to ensure continuity of service, with challenge, eg, for high-cost drugs that would only be available through certain trusts. Agreement was expected within the next few weeks.</p> <p>The Chair thanked all for their work on taking this forward. The Neurosciences Board provided support in this area, along with the wrap around support provided by commissioners and provider colleagues. An update was requested in 4 months to provide assurance to the committee, with teams escalating any issues in the interim.</p> <p>RESOLVED: That the committee:-</p> <ul style="list-style-type: none"> - Note the contents of the report - Approve the proposed action - Receive a further report at its meeting in 4 months. 	

203/ 2425	<p><u>Histopathology update and assurance</u></p> <p>C Lewis introduced the item that the committee had raised significant concern around. The report outlined that the trust had started to fall behind its trajectory, albeit making progress in recovery and including use of some mutual aid. Further intelligence had been received from the independent provider that results had been impacted by East Lancashire Hospitals Trust (ELHT) histopathology work. Two organisations had identified moderate or above harms and would go through a full Duty of Candour for affected patients. A weekly task and finish group continued to take place with trusts and they had been asked to provide more assurance to the ICB, in terms of accuracy and numbers being reviewed, outcomes and harms. A high level of focus would need to be maintained until the full impact of patients was known and a resolution is understood.</p> <p>F Carney reported that due to the backlog, the task and finish group continued to take place with the trust and a resolution is understood to have delivered a stable service. UCAS accreditation was on hold; the UCAS team were satisfied with all other areas within the laboratory and the only concern being the backlog from the recent re-review. University Hospitals of Morecambe Bay (UHMB) continued to support. ELHT were undertaking huge amounts of work to rectify the position and were out to advert to recruit to consultant vacancies. Work was also being undertaken around culture in laboratories. It was felt that there was more grip than previously, with ongoing fortnightly reviews sustaining focus on the organisation, with the ICB and pathology network supporting recovery plans in place. Work in relation to consultant job plans and what they were achieving in a working day was ongoing, along with comparisons across the whole of the histopathology network, however, the progress anticipated had not been met at this stage. In order to reduce the backlog to a sustainable number, the ICB had asked the Trust to rescope the trajectory and be clear on what was achievable. A sustainable offer and model was being worked up in parallel, to ensure the right number of staff, digital, right culture, etc, were available to the service.</p> <p>The Chair reflected that a lot of action was ongoing and progress had been made, however, a key to assurance would be to ensure the sustainable model that F Carney described had been implemented and it was requested that the committee had sight of the rescope trajectory to provide a sense of what needs to be achieved, with timelines to track and an indication of when the model of sustainability would be completed. F Carney responded that this work was ongoing. The Histopathology Network, linked to the Provider Collaborative Board, were supporting a range of improvement work. The trust were currently in NOF4, which could delay the ability to recruit to the service. The ICB had offered support and where required, some areas were being taken through the Improvement and Assurance Group.</p> <p>Following members discussion, C Marshall responded that no complaints or PALS enquiries had been received around the service backlog. She would continue to ask the trust around complaints, linking with the patient experience team to triangulate. Patients waiting in the backlog had not been informed as it was difficult to balance informing without worrying unnecessarily. Acknowledging that a Duty of Candour had been made to patients who have had harmful delay, C Marshall would ask the trust for rationale why all patients had not been informed of the backlog and how they had considered Duty of Candour both in people who had harmful delay and those who are waiting.</p> <p>The committee requested that clarity around when the model be completed and timelines for action, oversight of patient harms and backlog reduction be provided at the next committee meeting.</p> <p>RESOLVED: That the Quality Committee:- - Note the progress being made</p>	<p>CM</p> <p>FC/CL/ CM</p>
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	<p>- Approve continued ICB oversight of patient harms and backlog reduction.</p>	
204/ 2425	<p><u>Alignment of community (Child and adolescent mental and adult physical) health services for Blackburn with Darwen and East Lancashire – six-month post-transfer update</u></p> <p>S O'Brien reminded members that last year, the ICB Board oversaw a significant transaction of CAMHS services moving from East Lancashire Teaching Hospitals (ELHT) to Lancashire and South Cumbria Foundation Trust (LSCFT), with some adult community services moving from LSCFT to ELHT. This was a place-led transaction, aligning services more appropriately. At the time there were lots of benefits proposed, as well as risks and mitigation. The ICB Board had asked the Quality Committee to receive an update around this transaction and the meeting report provides a high level of assurance that all risks flagged had been mitigated, and potential benefits around aligning services with data showing improvements in terms of access to services.</p> <p>M Warren reported that the work undertaken had embedded well, reflected the pace and scale of community transformation across the whole ICB region and how this could have more impact on discharges. The transaction highlighted a way in which integration could be taken forward and it would be used in the next stage to support people in the communities where they live. Members noted that embedding this type of work would be different in each area. In Blackburn with Darwen, there was work to do around how to integrate services in the front line and how to embed in primary care.</p> <p>S O'Brien acknowledged M Warren's comments, reporting that work had been undertaken in the ICB to reset the ICB Board strategy and a 10-year plan was awaited around neighbourhood health. The resetting work in the ICB looked at how neighbourhood health and teams should be developed. Members were made aware that it was planned to undertake a similar transaction in Blackpool with some of the same services; learning would be taken from Blackburn with Darwen particularly around CAMHS as services had embedded well.</p> <p>The Chair noted that performance would continue to be monitored through monthly integrated contracting meetings. The committee reflected that it was helpful to undertake the work around ensuring oversight on impact of transfer which had been positive and to take learning into any future transactions.</p> <p>RESOLVED: That the committee:-</p> <ul style="list-style-type: none"> - Note the update provided - Note that the performance of each provider will continue to be monitored via commissioning teams and monthly Integrated Contracting and Commissioning meetings, with any matters of escalation being raised through those routes and internally within the trusts' governance and through the Place-based partnership arrangements in Blackburn with Darwen and East Lancashire. 	
205/ 2425	<p><u>Patient Safety Report</u></p> <p>The previously circulated report provided an update 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 highlighted the following key points:-</p> <ul style="list-style-type: none"> - In line with due process, Cumbria Medical Services, Galloways Society for the Blind 	

	<p>and Royal National Institute of Blind People submitted policies and plans that met the PSIRF standards for the ICB and national requirement. Twinkle House and Fylde Coast Medical Services draft policies also met requirements but had not been included within the report; the committee was asked to support these 2 additional providers</p> <ul style="list-style-type: none"> - Numbers had now reduced to 6 providers who had not submitted their PSIRF policy and plans, being a significant improvement from July 2024. The formal position would be presented to the committee at its next meeting, following which, consideration would be made whether to the contractual route should be looked at for providers not engaging - MIAA were undertaking an audit on PSIRF for the ICB and providers in Lancashire and South Cumbria. On receipt of the outcomes, both the system and ICB positions would be reported to the committee - Legacy serious incidents were included within the report, with Blackpool Teaching Hospitals being a significant outlier in Lancashire and South Cumbria. A number of cases sit with the ICB and were being prioritised; queries had been returned to trusts. The ICB was working with each Trust to fully close each case - The report provided an update on independent investigations currently underway - An update was provided to members on the escalation updates . <p>Concern was raised regarding the risks for staff when they find themselves in Coroner's Courts following an inquest; S O'Brien would discuss with Trust Director of Nursing colleagues.</p> <p>It was agreed that S O'Brien consider what detail was required in future patient safety reports in order to assure the Committee.</p> <p>RESOLVED: That Quality Committee members:-</p> <ul style="list-style-type: none"> - Note the contents of the report. - Consider and support the approval of the 7 provider PSIRF policies and plans recommended within the report and the additional 2 discussed at this meeting. 	<p>SO'B</p> <p>SO'B</p>
206/ 2425	<p><u>Quality Impact Assessments (QIA)</u></p> <p>S O'Brien reported that for assurance, the Quality Committee should see that QIAs are being undertaken for savings schemes, etc. A report would be brought to the next committee meeting , however, at this stage, the committee could not be fully assured that there was a robust QIA process around plans; this would be reflected in the committee's Triple A as an alert to the ICB Board.</p> <p>RESOLVED: That the committee note the verbal update provided around QIAs.</p>	
207/ 2425	<p><u>SEND Update</u></p> <p>Members noted that the meeting report had been discussed at the ICB Board meeting held last week. S O'Brien reported that the ICB Board had requested actions from its discussion. Executives had held discussion to support improvement in SEND. An update and next steps would be provided at the next committee meeting, along with the action plan from the SEND inspection.</p> <p>RESOLVED: That the committee note the meeting report.</p>	
208/ 2425	<p><u>Intensive and Assertive Treatment – response to the independent mental health homicide review into the tragedies in Nottingham</u></p>	

	<p>Due to timescales, item deferred to the next committee meeting.</p> <p>RESOLVED: That the item be deferred to the 7 May 2025 committee meeting.</p>	
209/ 2425	<p><u>Suicide Prevention ICB Programme</u></p> <p>Due to timescales, item deferred to the next committee meeting.</p> <p>RESOLVED: That the item be deferred to the 7 May 2025 committee meeting.</p>	
210/ 2425	<p><u>Launch of five-year L&SC ICB Dementia Strategy</u></p> <p>Due to timescales, item deferred to the next committee meeting.</p> <p>RESOLVED: That the item be deferred to the 7 May 2025 committee meeting.</p>	
211/ 2425	<p><u>Clinical Effectiveness Group Triple A Report – 30 January 2025</u></p> <p>RESOLVED: That the committee note the report for 30 January 2025</p>	
212/ 2425	<p><u>3As Primary Care Quality Group – Primary Care Services – 8 January, 12 February 2025</u></p> <p>RESOLVED: That the committee note the reports for 8 January and 12 February 2025.</p>	
213/ 2425	<p><u>Committee Escalation and Assurance Report to the Board</u></p> <p>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.</p> <p>D Blacklock asked that time be spent at the next ICB Board meeting in relation to the change agreed around the Public Involvement and Engagement Advisory Committee and how the voice comes into the Quality and Outcomes Committee. Assurance was required that the Quality and Outcomes Committee will listen to people.</p> <p>RESOLVED: That the Quality Committee note that a report will be taken to ICB Board.</p>	<p>SL</p> <p>SO'B /DA</p>
214/ 2425	<p><u>Items referred to other committees</u></p> <p>RESOLVED: That no items were referred to other committees.</p>	
215/ 2425	<p><u>New directives/regulations/reviews that have been published</u></p> <p>RESOLVED: That there were no new directives published.</p>	
216/ 2425	<p><u>Any Other Business</u></p> <p>RESOLVED: That there was no other business.</p>	
217/ 2425	<p><u>Items for the Risk Register</u></p> <p>RESOLVED: That there were no new items for the risk register.</p>	

<p>218/ 2425</p>	<p><u>Reflections from the Meeting</u> Was the committee challenged? Making a difference?</p> <p>The Chair reflected that there was good discussion at the meeting. Further work was required around detail the committee require within meeting reports, for assurance. There were four deferred items from this meeting to be brought forward to the next committee meeting.</p> <p>Members were thanked for their time and input into this meeting.</p> <p>RESOLVED: That the committee note the reflections.</p>	
<p>219/ 2425</p>	<p><u>Date, Time and Venue of Next Meeting</u></p> <p>The Quality and Outcomes Committee will be held on 7 May 2025, 1.30 pm – 4 pm, in the Lune meeting room, ICB Offices, County Hall.</p>	