

Approved at the 4 June 2025 meeting

## Minutes of the ICB Quality and Outcomes Committee held on Wednesday 7 May 2025 in the Lune Meeting Room, ICB Offices, County Hall, Preston

<b><u>Members</u></b>		
Sheena Cumiskey	Chair/Non-Executive Member (Chair)	L&SC ICB
Julie Colclough	Primary Care Partner Member	L&SC ICB
Jane O'Brien	Non-Executive Member	L&SC ICB
Steve Spill (via MS Teams)	Associate Non-Executive Member	L&SC ICB
Kathryn Lord (deputising for Chief Nursing Officer)	Director, Quality Assurance and Safety	L&SC ICB
Lindsey Dickinson (deputising for Medical Director)	Associate Medical Director for Primary Care	L&SC ICB
<b><u>Regular participants</u></b>		
Claire Lewis	Associate Director, Quality Assurance	L&SC ICB
Caroline Marshall	Associate Director of Patient Safety	L&SC ICB
Peter Tinson	Director of Primary and Community Care	L&SC ICB
Neil Greaves	Director of Communications and Engagement	L&SC ICB
Debra Atkinson	Director of Corporate Governance/Company Secretary	L&SC ICB
Joe Hannett	VCFSE Representative	VCFSE
Mark Warren	Nominated Director of Adults/Director of Children's services	Blackburn with Darwen Council
Bridget Lees	Nominated Provider Chief Nurse	Acute/MH rep
Arif Rajpura	Public Health Representative, Director of Public Health	Blackpool Council
David Blacklock	Healthwatch Representative	People First/ Healthwatch Cumbria & Lancashire
<b><u>In attendance</u></b>		
Jo Leeming	Committee and Governance Officer (minutes)	L&SC ICB
Claire Moore	Head of Risk, Assurance and Delivery	L&SC ICB
Dr April Brown (observing)	Intensive Improvement Director, National Recovery Support Team	NHS England
Glenn Mather	Associate Director of Performance & Assurance	L&SC ICB
Fleur Carney (items 8/2526, 92/2526 & 10/2526)	Director Mental Health and Cancer Alliance, Strategic Commissioner for Specialist Services – Cancer, LDA, Specialised Commissioning	L&SC ICB
Alex Wells (item 11/2526)	Head of Recovery and Transformation PMO	L&SC ICB
Jane Jones	Deputy Director of Safeguarding	L&SC ICB
Vanessa Wilson (items 7/2526 & 12/2526)	Director of Children, Young People and Maternity	L&SC ICB

<b>Item No</b>	<b>Item</b>	<b>Action</b>
1/25 26	<b><u>Welcome, Introductions and Chair's Remarks</u></b> The Chair welcomed all to the first meeting of the Quality and Outcomes Committee and noted that Dr April Brown from NHS England had joined via MS Teams to observe but would need to leave at 3pm. Dr Brown acknowledged that this was the first meeting of	

	<p>this committee and recognised there would be a period of adjustment. Steve Spill had also joined via Teams as a new Associate Non-Executive Member of the ICB from 1 May 2025 and was a member of the committee. Vanessa Wilson would be attending the meeting from 3pm for items 7 and 12c, Alex Wells for item 11 and Fleur Carney for items 8-10. Glenn Mather was also in attendance for item 12a.</p> <p>The Chair noted that as it was a new committee there would be some learning and development. Since the revised terms of reference had been devised, the model Integrated Care Board blueprint had been issued, which set out the work and revised functions of an ICB. This would influence the work and remit of this committee going forward. Introductions were made by some new members and regular participants. People presenting the papers were reminded to assume members had read the papers and to focus on what they want to members to consider in relation to alerts, assurance and advising them of.</p>	
2/25 26	<p><b><u>Apologies for Absence/Quoracy of Meeting</u></b> Apologies had been received from Sarah O'Brien (Kathryn Lord deputising), Andy Knox (Lindsey Dickinson deputising), Asim Patel (Glenn Mather deputising), Roy Fisher, Andy White and Andrew Bennett.</p> <p>The meeting was quorate.</p>	
3/25 26	<p><b><u>Declarations of Interest</u></b> The Chair noted that no additional declarations of interest had been made prior to the meeting and asked if at any point during the meeting a conflict arose, to declare at that time. This would be particularly pertinent when discussing specific areas or items relating to specific places of work, e.g. trusts, etc.</p> <p><b>RESOLVED: That no declarations of interest were made relating to the items on the agenda.</b></p> <p><b>(a) Quality Committee Register of Interests.</b></p> <p><b>RESOLVED: That the Quality Committee register of interests was received and noted.</b></p>	
4/25 26	<p><b>a) <u>Minutes of the Meeting Held on 26 March 2025 and Matters Arising</u></b> C Lewis had sent through some slight amendments regarding small wording changes following circulation of the papers.</p> <p><b>RESOLVED: That the minutes were approved as a true and accurate record subject to the minor changes as discussed.</b></p> <p><b>b) <u>Action log</u></b> N Greaves advised that the insights report would now be brought to this committee and then to the Board. The emphasis would be slightly different for the committee compared to the Board as the triangulation piece would come to the committee and the assurance part would then go to Board. It was suggested the first report to the Board should be shared with the committee to give an indication of what was being shared and to avoid duplication, and to agree the level of detail for the committee. Therefore, this would be the same report but for two different purposes. D Atkinson advised that now that PIEAC had been disestablished, this provided an opportunity to look at complaints and insight at this committee. N Greaves would pick this up and look at what this was telling us about insight but for the Board this would be more around the full breadth of strategy and what insights were there to inform us.</p> <p>D Blacklock clarified that the Board would look at sufficiency and approach but noted it would be helpful to see the intelligence behind the agenda items brought to the committee based on engagement as this would provide triangulation.</p>	NG

	<b>RESOLVED: That the action log would be updated as discussed.</b>	
5/25 26	<p><b><u>Patient story</u></b></p> <p>The Chair advised that a link to a YouTube video had been shared via email with the committee, but no reflections had been received. The purpose of this item was to keep connected as it was about improving outcomes for people and to seek to understand people's experiences and how this linked back to matters discussed on the agenda. The Chair explained the story was about a younger woman who had suffered a stroke, and the services wrapped around this, which weren't attuned to her needs as a younger person and how her needs could have been addressed better. Her perception was that services were aimed at older people. There were reflections about inequalities related to services provided for stroke victims.</p> <p><b>RESOLVED: That the committee noted the content of the story.</b></p>	
6/25 26	<p><b><u>Committee terms of reference and business plan 2025/26</u></b></p> <p>The paper presented the terms of reference for the committee as approved by the Board on 19 March 2025. It also provided a proposed business plan for the committee for 2025/26 which had been developed based on the terms of reference. It was acknowledged that there may be matters that arose during the year which would be added to the committee's business.</p> <p>D Atkinson advised that the new ICB Chair had initiated a review of all the committees and governance arrangements, looking at duplication and oversight of executive duties. This was also because of the ICB going into recovery and as part of the support plan there had been an ask for the ICB to review its governance arrangements. Section 4.1 set out the duties of the committee and assurance of statutory responsibilities and 4.3 set out quality improvement and oversight. A new element was about assuring against outcomes as this naturally sat with the quality of programmes being provided, patient access, patient experience and what this meant for quality of services. This would also involve looking at complaints and health inequalities and seeking assurance around this. There was also a performance element with the integrated performance report, which should now be integrated quality and safety reporting, and integrated quality and health inequalities reporting but there was work to be undertaken on this. The changes recognised the committee would not be able to manage the business it was doing plus the additions.</p> <p>The Chair noted that pages 32 and 33 were particularly helpful as this set out what the committee was here to do and the changes to membership with additional knowledge and expertise to advise and give assurance. K Lord noted this was a good piece of work and was very robust, which aligned to some elements of the model ICB blueprint but suggested that complaints be added in under section 4.1 as part of the statutory duties. It was agreed she would provide a short sentence to be included.</p> <p>J Hannett questioned if the final bullet point under 4.3, 'seek assurance on the implementation of a framework and process of EIAs for system wide oversight of any significant service and policy change,' should be moved under quality improvement and oversight. D Atkinson agreed this was a good comment and that this would be put into the main summary about the purpose of the committee as it overarched everything. J Hannett also noted the language used, 'seek assurance, scrutinise the robustness of arrangements, receive assurance' and queried what was the threshold to meet assurance. Also, that it was unclear who was accountable for the papers. K Lord advised this had been debated previously and it was about triangulation of information by looking at the target, benchmark, experience and outcome along with the need for quality and performance to ensure there was assurance. This would also be triangulated with effectiveness, safety and cost, then to look at how the committee</p>	

	<p>had been assured. The Chair agreed and that this was also about being objective as data, intelligence and evidence would need to be provided in addition to expertise to advise on whether it was absolute assurance and not just reassurance.</p> <p>D Blacklock suggested something was brought back to Board to set out how items met the assurance threshold. D Atkinson advised they had learnt from the review and the role of this committee was to support the Board in seeking assurance that everything was in place and the ICB contractual obligations were being met, and that this was presented in a meaningful insightful way to give assurance to the committee. This was about what was this committee seeking assurance of under the terms of reference. J Colclough noted there was a language change in 4.2 from 'seek' to 'receive' assurance, which needed to be amended for consistency.</p> <p>The committee then moved onto the business plan. J Jones suggested the safeguarding dashboard needed to be added as a standing item.</p> <p>The Chair suggested it would be worthwhile having a workshop after a few meetings of the committee on the role of the committee in seeking assurance to get absolute clarity going forwards. J O'Brien noted this went wider as the other committees were the same and this was not binary. It was proposed that D Atkinson would take this forward.</p> <p><b>RESOLVED: That the committee: -</b></p> <ul style="list-style-type: none"> <li>• <b>Noted the terms of reference approved by the Board on 19 March 2025 and the update provided regarding quoracy subject to the agreed amendments.</b></li> <li>• <b>Approved the proposed committee business plan 2025/26 subject to the amendments discussed.</b></li> </ul>	<b>DA</b>
7/25 26	<p><b><u>The agenda item was taken out of order as V Wilson was unable to attend until 3pm - this was presented after item 8</u></b></p> <p><b><u>Special Educational Needs and Disabilities (SEND) and Children and Young People Quality Update</u></b></p> <p>The report provided an overview of children and young people acute and community services and an update on progress in meeting the ICB statutory duties for SEND as set out in the SEND Code of Practice (2015). The paper was separated into two parts, providing a system update on SEND position across Lancashire and South Cumbria and a quality overview of CYP acute and community services. The paper also confirmed the additional resource which had been identified by the ICB to deliver the improvements required in the recent SEND inspection for Lancashire. There were risks across both agendas which the committee had been alerted to, and updates and mitigations were contained in the paper.</p> <p>V Wilson introduced the section on the SEND element of the paper and gave some key highlights. Since the paper was written, LSCFT had served notice on the ASD pathway, which would put significant pressure on other providers. It was noted that the SEND agenda was in the 'explore and test' column in the model ICB blueprint.</p> <p>D Blacklock noted there were significant numbers of children on the waiting list for an ASD assessment. V Wilson advised there had been ongoing conversations about the pathway not being properly commissioned or resourced, and Price Waterhouse Coopers had advised LSCFT to close the list. This meant the current list would be managed but they would not accept any further referrals. J O'Brien acknowledged this was hugely disappointing for children and young people, and that the ICB was only 24% compliant overall in delivering its responsibilities in relation to the Quality Assurance Framework developed by NHSE. It was queried what was the aim after extra resources had been put in place and whether this framework could feed into the committee. V Wilson advised the</p>	

<p>ICB had now established a system-wide SEND Oversight Group, which met for the first time last month and suggested it would be useful for them to look at an action plan now and begin to prioritise areas and set targets. It was confirmed this was now being rolled out to all ICBs nationally.</p> <p>The Chair questioned how proper system oversight could be achieved and whilst the SEND Oversight Group was very helpful, a different approach to improvement was needed as there had already been a series of initiatives. It was agreed that using the self-assessment and framework would be beneficial. It was suggested that the oversight group be used as a subcommittee of the committee to provide the view required to determine what needed to be progressed and how assurance could be achieved. It was agreed that consideration would need to be given as to how a clear line of sight could be provided to the committee from this group.</p> <p>J Hannett questioned whether the risks in section 6 were our own identified risks, and V Wilson confirmed these were but agreed these needed to be cross checked with system risks. It was queried who sat on the oversight group and V Wilson confirmed she was the chair and membership comprised of senior leaders from each of the 5 provider trusts. M Warren suggested there should also be representatives from the place-based boards as that would be where accountability sat as SEND inspections happened in place. V Wilson agreed to take this away to consider how to bring in the right people but not to cut across other SEND groups and would present this back to the committee.</p> <p>V Wilson introduced the Children and Young People Quality update and gave some key highlights.</p> <p>A Rajpura referenced the 52 weeks plus waits for speech and language therapy as this was a very long time for children and could mean the difference between school readiness and impact on life chances. It would be good to see investment in this area to deliver these services. V Wilson advised that actions had been taken to look at mitigating the risks by helping people to have other interventions rather than just waiting. The impact of this was questioned and it was advised that a pilot had been undertaken in Hyndburn by linking health visitor appointments with speech therapy work while children waited for full treatment, but this needed to be rolled out further.</p> <p>J Hannett stated there was a need to look at why pilots that had been very impactful were not rolled out further. L Dickinson noted there should be a piece of work to determine how many children were not brought to appointments as this came back to not getting some of the basics right as if this was corrected, waiting times could be reduced. V Wilson confirmed this data could be obtained through the contract meeting and the assurance would be how providers of services were ensuring they were monitoring why people were not attending services/appointments. N Greaves noted the insights report would feed into this as it would show that this did not work well with some patients, but some targeted work could be undertaken with them on engagement. B Lees noted the importance of ensuring we get the right questions raised to ensure items did not keep coming back to the committee.</p> <p>A Rajpura noted that targeted support worked best when out in communities but there was also a need to ensure the specialist part was right. There was also a need to support teachers as this issue was frequently raised in primary schools.</p> <p>D Atkinson left the meeting at 2.55pm.</p> <p>J Colclough questioned where the motivation was to ensure everything was shared equally across the ICB footprint as it did not seem right that there were significant inequalities and mobilisation of services needed to be reviewed.</p>	<p>VW</p> <p>VW</p>
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	<p>The Chair recognised the recurring issue being raised regarding waiting times for speech and language therapy and the impact on outcomes from inequalities. Clarity was needed on the strategic priorities for commissioning services going forward, pilots with proven evidence to have had an impact and how assurance could be built into the integrated performance report going forwards. A Brown suggested this be included as an alert for the Board to state that whoever led the pilot, do they have a commitment to spread this across the various different places and how this linked to governance and the assurance would be that the pilot had been great and was being implemented across the region.</p> <p>A Rajpura reflected that waiting lists being down to 48 weeks was not a success and it was agreed there needed to be a sense of timescales and impact.</p> <p>A Brown left the meeting at 3pm.</p> <p><b>RESOLVED: That the committee: -</b></p> <ul style="list-style-type: none"> <li>• <b>Noted the risks identified and next steps.</b></li> <li>• <b>Noted the areas for priority action and improvement required as a result of the area SEND inspections and the common themes across all local area partnerships.</b></li> <li>• <b>Noted mitigations to risks.</b></li> <li>• <b>Agreed to continue to receive quarterly progress updates.</b></li> </ul>	
8/25 26	<p><b><u>Intensive and Assertive Treatment - response to the Independent Mental Health Homicide Review into the tragedies in Nottingham Report</u></b></p> <p>Following the conviction of Valdo Calocane (VC) in January 2024 for the killing of three people in June 2023 and attempted killings of three others, the Secretary of State for Health and Social Care commissioned the Care Quality Commission (CQC) to conduct a Special Rapid Review (RR) of Nottinghamshire Healthcare NHS Foundation Trust (NHFT). The review identified the need for provider boards to ensure oversight of services for patients with serious mental illness, develop local partnerships for intensive support to prevent care gaps, and for all providers and commissioners in England to review care models for high-risk, complex psychosis patients. Consequently, NHS England's 2024/25 Priorities and Operational Planning Guidance instructed all ICBs to review their community services by Q2 2024/25 and develop an improvement plan to address gaps identified as part of the review. The objective: to establish clear policies, systems, and practices for patients with serious mental illness who require intensive community treatment and follow-up but find it difficult to engage.</p> <p>NHS England officially commissioned 'Theemis Consulting Ltd' to conduct an independent investigation into the care and treatment provided to VC by Nottingham NHS services preceding the tragic events of 13 June 2023; the purpose, identifying learning from the care and treatment VC received. The scope of the investigation covers the period from May 2020, when VC first engaged with the mental health service, up to the tragic event on 13 June 2023. Following VC's care investigation, the victims' families requested NHS England release the full Independent Homicide Review report for the purpose of shared learning. Full version Independent Mental Health Homicide Reviews are generally kept confidential due to data protection laws for patient information. Maintaining privacy of patient information is crucial. Nonetheless, it is also important for all stakeholders, including Lancashire &amp; South Cumbria Integrated Care Board (LSC ICB), to be transparent with the public and families regarding their care. Balancing these considerations is necessary to maintain the integrity and trust in our healthcare system. The terms of reference for the investigation have been jointly agreed by NHSE and the family, of which there are 15 considerations. Subsequently NHSE have requested that local systems re-review their local improvement plans for intensive community treatment to ensure they respond to the findings and recommendations of the report. The report details the findings along with the proposed improvement plan for consideration by</p>	

	<p>the quality committee, prior to going to the ICB board. It is expected that this is completed before June 2025.</p> <p>F Carney introduced the paper and gave some key highlights.</p> <p>The Chair referenced the alert from the paper that there was not sufficient capacity currently in the system to provide a robust intensive treatment function and questioned what the mitigation was to reduce that risk. F Carney advised that community mental health transformation started 3 years ago, and it was the single biggest proportion of investment in a single service. It was a long journey and development needs were recognised. There was a big review of current provision looking at crisis, liaison, waiting times in the community, out of area placements, purposeful admission and patient flow. Lots of progress had been made as it was not just about community outreach as it was a whole system approach and linked in with a bigger piece of work as provision of mental health services had been recognised as requiring oversight to transform. F Carney advised she had been having discussions with the medical director of LSCFT and it had been agreed there would be a focus with those experiencing psychosis as these were often the most complex cases. There was a piece of work looking specifically at that pathway and F Carney suggested she could present something back to the committee once there was more information on timescales, and looking at outcomes along with views from experts, lived experience from patients, etc to determine what good looked like for this cohort. The focus should be on triangulation of care for these people regarding the psychosis pathway as inappropriate admissions needed to be reduced and consideration given as to whether these people could be managed in a different environment.</p> <p>J Hannett suggested it would be more useful for the report to include some numbers and tables as this was easier to measure against. D Blacklock suggested it would also be helpful for inclusion of the experiences of individuals and their families.</p> <p><b>RESOLVED: That the committee: -</b></p> <ul style="list-style-type: none"> <li>• <b>Noted the content of the report.</b></li> <li>• <b>Agreed to a specific piece of work to be undertaken on how to mitigate the risk regarding pathway for people with psychosis – links to ongoing monitoring of assurance.</b></li> <li>• <b>Considered and approved the proposed plan for onward sharing with the Board in line with NHSE requirements.</b></li> </ul> <p>V Wilson joined the meeting at 2.27pm.</p>	
<p>9/25 26</p>	<p><b><u>Suicide prevention ICB programme</u></b></p> <p>The report provided an update on the ICB Suicide Prevention programme of work, including how we work collaboratively with Public Health and across various relevant partners. The paper also outlined some of the successes and achievements across Lancashire and South Cumbria which directly connect to the aims of the government's suicide prevention strategy as well as key areas of focus and development in the coming months and years to assure the committee that the work was intelligence-led and successful in supporting our communities.</p> <p>F Carney presented the paper and gave some key highlights. The logic model had recently been collaboratively refreshed and had been very useful with practical elements to change outcomes for peoples lives. Suicide continued to be a major issue, and this was one of the best pieces of collaborative pieces of work that had been undertaken across the ICB with a multidisciplinary team. The programme sat within all local authorities, public health, providers and the VSCFE sector. There was a full action plan overseen through the oversight board chaired by public health colleagues. A paper had also recently been presented to ICB executives as there was a requirement to ensure</p>	

	<p>more people in the ICB were trained in the Orange Button, which focussed on how to notice people who were struggling or needed support as only 5% of employees were currently trained. This paper also included a focus on supporting the suicide awareness prevention programme.</p> <p>N Greaves advised his team had been involved in this work and had undertaken lots of codesign and had included some insights in a report on the website. They had also been involved in the marketing campaign and had done work with the media and journalists on how suicides were reported.</p> <p>J Hannett referenced key achievements as there was no reference in the paper as to whether any suicides had been prevented because of the work. F Carney advised it was difficult to provide a number as suicide prevention was owned by everyone not just the ICB. The number of deaths by suicide could be provided but assurance was given that every death by suicide was reviewed to understand whether that person had been seen by services. However, many people who took their own lives were not known to services. J Hannett asked what the evidence around the Orange Button scheme and the impact was, and who was accountable as it felt that the government's ambitions were not being addressed. The Chair noted that each local authority had its own suicide prevention strategy, but consideration needed to be given to how, through NHS services, we were commissioning things in a way that we know was going to make a difference. F Carney advised that her team made up a very small part of this and suggested there should be wider representation at this meeting in future.</p> <p>A Rajpura noted that Fiona Inston, Public Health Associate at Blackburn with Darwen Borough Council, had attended the Quality Committee meeting in September 2024 and presented a paper on suicide prevention findings. The paper had focussed on 5 key elements; referral pathways, communication, lack of contact, lack of follow-up and primary care interventions. More NHS actions were required from the ICB, and it would be useful to understand how the ICB was supporting the elements presented at this meeting.</p> <p>A discussion was undertaken regarding accountability for action. M Warren noted it was about how this was translated in places as each place had a suicide prevention strategy related to the wider mental health strategy, but local strategies needed to be owned by local stakeholders. It was questioned what was being done to embed local strategies and understanding trauma informed practice. The Chair noted this should be place based where it all came together for the 'so what' question then checking the impact and looping back.</p> <p>It was agreed F Carney would present feedback specifically from the NHS actions required from the ICB that had been brought to the September meeting in 3 months' time.</p> <p><b>RESOLVED: That the committee: -</b></p> <ul style="list-style-type: none"> <li>• <b>Supported the ongoing and planned work of the ICB suicide prevention programme for 25/26 and beyond including supporting the aligned plans detailed in the recently refreshed logic model</b></li> <li>• <b>Supported internal expansion of suicide awareness and prevention training and membership of the Orange Button Community Scheme across all directorates of the ICB.</b></li> </ul> <p><b>Post-committee note:</b> At the Quality and Outcomes Committee meeting on 4 June 2025, J Hannett queried the resolution for this as it was asked that the committee supported the ongoing plan, however questions had been asked by voluntary sector alliance partners that hadn't been</p>	<p><b>FC</b></p>
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	responded to, therefore the plan had not been fully agreed to.	
10/2 526	<p><b><u>Launch of five-year Lancashire &amp; South Cumbria ICS Dementia Strategy</u></b></p> <p>The Lancashire and South Cumbria five-year Dementia Strategy was a multi-agency strategy developed to improve the lives of people living with dementia and their carers across Lancashire and South Cumbria. The aim of the strategy was to transform the health and social care system over a five-year period, with multiple organisations leading on improving services they provided for individuals living with dementia and their carers. The work to produce the strategy commenced following the Government's launch of the Major conditions strategy of which Dementia is one, as well as the NHS Long Term Plans ambition to improve care provided to people with dementia through a more active focus on supporting people in the community, working closely with the voluntary sector to improve advice and support following a dementia diagnosis.</p> <p>The NHS Well Pathway for dementia was considered when the strategy was developed, ensuring the five pillars are reflected in the commitments this strategy will deliver. As well as aligning the strategy with other strategic priorities and the themes behind the reforms to health. There had been extensive engagement with people living with dementia, their carers, and our partners in health and social care, hospices, and the VCFSE sector on what the strategy should cover to improve the care and support provided to people, from activities aimed at preventing dementia, through to care at the end of people's lives, reflecting the palliative care ambitions framework. An action plan had been developed and would be utilised to monitor the work to deliver the strategy and provide assurance to the organisations who have committed to delivering it. Six monthly meetings would be established where updates on the work from the identified leads, would be provided for each of the actions and any risks and issues identified would be raised.</p> <p>F Carney introduced the paper and gave some key highlights. M Warren noted it was a great piece of work, particularly how it worked through place. J Colclough stated it was positive from a primary care perspective but suggested that in future, there should be more focus on the carer element. It was acknowledged, that despite the significantly high rates of dementia on the northwest, NHS Continuing Healthcare (CHC) funding did not automatically cover dementia care as it depended on individual needs and not just the diagnosis.</p> <p><b>RESOLVED: That the committee noted the launch and delivery of the strategy.</b></p> <p>F Carney left the meeting at 3.26pm</p>	
11/2 526	<p><b><u>Quality Impact Assessments update</u></b></p> <p>The simplified and standardised processes for management of Quality Impact Assessments (QIA's) was now established and had been functional since October 2024. This ensured that any change activity was risk assessed against the key domains of quality. The paper shared an update on the schemes that had been reviewed since January 2025 (date of last paper) as well as continued evolution of the QIA processes to improve awareness and engagement of ongoing assessments, outcomes and decisions.</p> <p>A Wells joined the meeting to present this item and explained there had been a steady flow of activity through the processes with around 20 monthly QIA opportunities and individual assessments to be undertaken. It was an ever-evolving process, and the team was looking at giving further access to people across the organisation. It was noted that the policy was due for review, and A Wells would pick this up outside the meeting with C Moore.</p> <p>C Lewis raised the importance of being mindful and looking at unintended consequences elsewhere in the system as future reports would need to identify any of these. A proactive</p>	

	<p>approach would be needed going forwards and some maturing would be required year on year.</p> <p>J Colclough noted the paper referenced a cap of 20 hours of care but then described a cap in pound. A Wells agreed to pick this up outside the meeting.</p> <p>P Tinson questioned if there was assurance that all major providers had a similar process in place. A Wells advised that, as part of the work with PwC, they had been standardising processes and QIPP was now referred to as waste reduction programmes or WRP, and a standardised approach had been taken across the system to ensure consistency. All QIA processes were very similar but some communication on this was needed. They had also been looking at who reviewed the QIA. C Lewis advised that trusts undertook their own internal assurance, which was seen at Quality Committees, and where an issue had been identified there would be a request for a QIA to be completed, which provided complete assurance.</p> <p>J Hannett noted only 10 schemes had been outlined in this paper but there were 43 in total. A Wells agreed to provide the full detail.</p> <p>B Lees referenced how this should be linked to risk register ratings and the BAF, and how issues are connected over time that matter. A Wells advised they now had a single tool for project and programme management, Verto, which was very effective. C Moore and A Wells had been having discussions on how the risk register could be linked and how interdependencies could be mapped. C Moore noted that they were currently looking at the governance arrangements and there was a business case proposal as using one centralised system would give visibility across everything.</p> <p><b>RESOLVED: That the committee acknowledged the schemes that have been reviewed since the last update to the committee and considered if proposals to wider change governance will enable partners within our care system to be sighted on initiatives that may impact on their respective sectors adversely.</b></p>	AW
12/2 526	<p><b>Quality performance report:</b>  <b>a) Integrated performance report / escalation report</b>  The paper provided an update against the latest published performance data.</p> <p>G Mather presented the paper and gave some key highlights, advising that work had commenced to revise the content and presentation of the report as we moved into 2025-26, considering the Key Performance Indicators within the NHS Planning Guidance and the requirements of the Quality and Outcomes Committee. Progress had been made against key metrics throughout the year, however, several areas remained challenged with limited improvement. Work continued with specialist leads to obtain details of action and mitigation plans to improve performance across the range of metrics. Population health and health inequalities would also be built in, however, a framework, focus and key principles were required. It was agreed that the performance and quality teams would meet to work through how the performance data and quality narrative would be presented in future reports.</p> <p>The Chair acknowledged that this was a work in progress and the intention to build on triangulation. K Lord noted that general practice had not been included as the dashboards had been put into the triple A reports for a review across all commissioned services at a point in time. There was a meeting taking place on 8 May to ensure the quality impact was wrapped around that.</p> <p>J Jones noted that with the publication of the model ICB blueprint, there would be an additional challenge with the new demands and something quite different would be required going forwards. J Hannett stated that the data was around quality but not</p>	GM/KL

outcomes, and the ICB had always been about performance not outcomes. It was questioned if there was a way to show seasonality of being above or below. G Mather advised that the data could be reported as we want to see it but it could not be presented in all ways within the report. A Rajpura referenced the inequalities metrics as there was value in providing key performance metrics and key performance outcome indicators by place level. The references to immunisations were noted, however whilst there were elements of screening in the report it did not cover everything.

The Chair recognised this was an important piece of work and gave a good report on performance on key metrics we are held to account for. The information gave one dimension on quality and outcomes, and we had now set in train to provide an integrated performance report for everything to be triangulated. The meeting tomorrow would need to ensure this was undertaken in the context of the model ICB blueprint.

A Rajpura stated that waiting lists were designed on clinical need but raised concern that people from the most deprived areas often fell out of waiting lists where others would fight the system. It was questioned how do we always keep inequalities in mind and support communities to access therapies. The Chair advised that, going forwards, part of the strategic commissioning role of the ICB would be to ensure how people from deprived areas did not suffer harm due to waiting lists/access to services.

**RESOLVED: That the committee noted the report.**

**b) PSIRF Provider Policy and Plans**

The paper was to seek formal approval from Lancashire and South Cumbria Integrated Care Board (ICB) for those commissioned providers who have submitted their Patient Safety Incident Response Framework (PSIRF) Policy and Plans in order to proceed with full implementation in line with national policy and contractual requirements.

C Marshall introduced the paper and noted that the escalation report had been included as part of the performance report for the previous item. Reference was made to the investigation regarding baby Ida Lock, who died under the care of staff at the Royal Lancaster Infirmary. It was also noted that two providers had presented to external panel yesterday and had been approved. The Chair noted that there was one provider who had not submitted their PSIRF policy and plans, but it was confirmed a discussion had been undertaken and they would now be engaging with the process.

**RESOLVED: That the committee: -**

- **Noted the contents of the report.**
- **Considered and supported approval of the provider PSIRF Policy and Plans recommended in section 2.2.**

**c) Maternity & Neonatal Services Update**

The paper provided an update of Lancashire & South Cumbria Maternity & Neonatal Services in line with Maternity and Neonatal Single Delivery Plan (NHSE 2023), covering the four themes:

- Listening to women and families
- Workforce
- Culture of Safety
- Standards & Structures

V Wilson introduced the paper and gave some key highlights. The rapid review at UHMBT took place on 6 May, which had gone well. The Chair thanked the team for a very comprehensive report.

J Colclough referenced section 4.10 and the backlog of 240 incidents at BTH and whether

	<p>there was enough detail to be assured that some investigation had gone into those cases. B Lees advised that all incidents were reviewed daily but there had been some sickness absence in the governance function, and this had affected the time for some investigations to be closed. However, they had been assessed, reviewed and actioned.</p> <p><b>RESOLVED: That the committee noted the report.</b></p> <p><b>d) <u>Safeguarding Dashboard 2024-5, Q4</u></b></p> <p>The quarterly Safeguarding Dashboard set out a range of activity that supported the ICB to maintain robust safeguarding arrangements in its role as a commissioner of health services, as a safeguarding partner and as an employer:</p> <ul style="list-style-type: none"> <li>• Statutory Priorities</li> <li>• Partnership Duties</li> <li>• Duty to Co-operate</li> <li>• Place Based Escalation</li> </ul> <p>The data reported related to 2024-25, Q4 and aligned to the safeguarding focussed priorities, progress made and areas where progress had not been made and next steps.</p> <p>J Jones presented the paper and gave some key highlights. Interim arrangements for the Children and Care Advisory role and MASH were in place as part of the statutory functions, however, there was a degree of fragility due to this and work was being undertaken to get more permanent arrangements in place. With regards to the section 11 audit on page 12, there was an action plan in place to meet all areas in amber.</p> <p><b>Post-committee note:</b></p> <p>A Brown stated that the paper did not fully reflect local challenges i.e. smoking cessation and pregnancy, local interventions, impact and outcome, the paper merely reflected interventions that were equally applied across England; A Brown stated that the paper could be strengthened further by providing assurance on the maternity services in the ICB footprint; the Chair agreed.</p> <p><b>RESOLVED: That the committee agreed that the team was doing all it can to ensure it delivered against:</b></p> <ul style="list-style-type: none"> <li>• <b>ICB statutory priorities and functions, managing risk and address under performance.</b></li> <li>• <b>Partnership duties, being a strong partner and collaborator across the system</b></li> <li>• <b>Duty to co-operate, that we are active in supporting doing the right thing for our vulnerable populations in preventing abuse, neglect and harm</b></li> <li>• <b>Focus on populations at place</b></li> </ul>	
13/2 526	<p><b><u>East Lancashire Hospitals Trust Histopathology Update and Assurance</u></b></p> <p>Further to the report presented to the ICB Quality Committee on 26th March 2025, this follow-up report provides an update on the assurances from East Lancashire Hospitals Trust (ELHT) against the actions agreed in the Rapid Quality Review.</p> <p>The previous report highlighted the backlog of histopathology results and the measures taken to address it. This report details the progress made since, and the ongoing challenges. As of the 17<sup>th</sup> of March 2025, ELHT reported the backlog at 3286 cases against a trajectory of 1049, which is a worsened position, but the overall backlog number is improving. There has been an improved position in the number of unreported cases over 6 months, which had reduced from 34 cases to 23.</p> <p>Mutual aid from University Hospitals of Morecambe Bay Trust (UHMBT), Lancashire Teaching Hospitals (LTH), and external providers continues to be utilised. To address staffing issues, a standard operating procedure has been developed to support ELHT</p>	

	<p>consultants picking up additional lists. This report provides limited assurance, as the progress of the action plan requires close monitoring until the backlog is cleared, harms are accounted for and addressed, and the service is more resilient to challenges.</p> <p>D Blacklock left the meeting at 4.07pm.</p> <p>C Lewis advised that the overall number of outstanding cases had reduced, and this had been a combination of a higher number of new referrals than expected and a higher support offer. It had come to light that the 2 initial OMNES harms previously reported had been investigated and no harm had been confirmed. Therefore, the current harms position was 5 moderate level or above harms identified by ELHT. Despite the progress made, the March report and this report for May 2025 provided limited assurance, as the backlog remained significant and required close monitoring until it was cleared, and harms were accounted for and addressed. The Chair noted it was disappointing that the backlog was not reducing, and this needed to be picked up in IAGS. It was agreed an update would be brought back to the committee for full assurance in 3 months.</p> <p><b>RESOLVED: That the committee: -</b></p> <ol style="list-style-type: none"> <li><b>1. Noted the progress being made.</b></li> <li><b>2. Approved continued ICB oversight of patient harms and backlog reduction.</b></li> </ol>	CL
14/2 3526	<p><b><u>Safeguarding policies:</u></b></p> <p><b>a) <u>Mental Capacity Act policy</u></b></p> <p>The paper outlined the requirements for Mental Capacity Act (MCA) implementation across L&amp;SC ICB, and to ensure all services from whom it commissions (both public, independent and voluntary and faith sectors) have a comprehensive policy relating to the MCA (2005) and where appropriate the Deprivation of Liberty Safeguards (2009).</p> <p><b>RESOLVED: That the committee: -</b></p> <ol style="list-style-type: none"> <li><b>3. Approved and note the contents of this Policy</b></li> <li><b>4. Understood that MCA has a statutory force, which means that certain categories of people have a legal duty to have regard to it when working with or caring for adults who may lack capacity to make decisions for themselves. These categories include healthcare and social care staff.</b></li> </ol> <p><b>b) <u>Safeguarding Children and Adults policy</u></b></p> <p>The paper was an updated version of Lancashire &amp; South Cumbria ICB Safeguarding Children and Adult's Policy. The policy was due for review 2024 and was now delayed. The updated policy reflected the ICB's statutory commitment to ensuring that all employees and contractual services are aware of their responsibilities to safeguard. The policy provided information on identifying and responding to different aspects of abuse and harm that may be encountered through the business of the ICB and contracted services.</p> <p><b>RESOLVED: That the committee approved and noted the contents of this policy.</b></p> <p><b>5. <u>Domestic Abuse and the Workplace policy</u></b></p> <p>The paper set out the main updates following the review of the Lancashire &amp; South Cumbria (L&amp;SC) ICB Domestic Abuse in the Workplace Policy.</p> <p><b>RESOLVED: That the committee approved and noted the contents of this policy.</b></p> <p><b>c) <u>Supervision policy</u></b></p> <p>The paper outlined the requirements for safeguarding supervision arrangements for L&amp;SC ICB designated professionals and ICB clinical teams, in the context of safeguarding adults, children, and children in care. This was the first safeguarding supervision policy on behalf of the ICB.</p>	

	<p><b>RESOLVED: That the committee: -</b></p> <ul style="list-style-type: none"> <li>• <b>Approved and noted the contents of this policy</b></li> <li>• <b>Understood the requirements for safeguarding professionals in effective supervision arrangements as set out in intercollegiate documents.</b></li> </ul>	
15/2 526	<p><b><u>Triple A report - Clinical Effectiveness Group</u></b></p> <p>The AAA escalation report highlighted areas to alert, advise and assure the committee from the Clinical Effectiveness Group (CEG) meeting held on 27 February 2025.</p> <p>K Lord advised that CEG had been stood down at this time due to capacity to deliver the group and a review of function needing to take place. Clinical policies would be directed to the formal Exec meeting during this time. This group needed to be remodelled based on the ICB Model.</p> <p><b>RESOLVED: That the committee noted the report.</b></p>	
16/2 526	<p><b><u>Triple A report - Primary Care Quality Group:</u></b></p> <ol style="list-style-type: none"> <li>1. <b><u>12.03.25</u></b></li> <li>2. <b><u>09.04.25</u></b></li> </ol> <p>These 3 As reports from the chair of the Primary Care Quality Group identified the key issues to be escalated to the committee.</p> <p>C Lewis advised that good progress was being made regarding the ongoing processing issues with Biochemistry bloods at ELHT. With regards to the alert related to concerns raised about challenges in Hyndburn in general practice, the action to meet and discuss with LMC a way forward remained outstanding. P Tinson advised there was a further meeting scheduled for 8 May to address several 'mop up' issues around LES arrangements.</p> <p><b>RESOLVED: That the committee noted the report.</b></p>	
17/2 526	<p><b><u>Triple A report - System Quality Group 02.04.25</u></b></p> <p>The Triple AAA report brings to the attention of the committee:</p> <ul style="list-style-type: none"> <li>• The main areas of concern from Place Partnerships</li> <li>• Updated information on current developments in Place Partnerships</li> </ul> <p><b>RESOLVED: That the committee noted the report.</b></p>	
18/2 526	<p><b><u>Committee Escalation and Assurance Report to the Board</u></b></p> <p>Members noted the items which would be included in the report to the Board.</p> <p><b>RESOLVED: That the committee noted that a report would be taken to Board.</b></p>	
19/2 526	<p><b><u>Items referred to other committees</u></b></p> <p><b>RESOLVED: That no items were referred to other committees.</b></p>	
20/2 526	<p><b><u>New directives/regulations/reviews that have been published</u></b></p> <p>The Chair requested that the model ICB blueprint be circulated.</p> <p><b>RESOLVED: That there were no new directives published.</b></p>	
21/2 526	<p><b><u>Any Other Business</u></b></p> <p><b>RESOLVED: That there was no other business.</b></p>	
22/2 526	<p><b><u>Items for the Risk Register</u></b></p> <p><b>RESOLVED: That there were no new items for the risk register.</b></p>	
23/2 526	<p><b><u>Reflections from the Meeting</u></b></p> <p><b>Was the committee challenged?</b></p> <p><b>Making a difference?</b></p>	

	<p>The Chair reflected that there was good discussion at the meeting. J Hannett stated that lots of items were to note and with the scale of papers to get through questioned if there could be an improved focused with time better spent on items for approval, and so on.</p> <p>N Greaves requested that report authors be more specific about patient and public engagement work, and offered to work with teams on this for future papers. C Moore noted that where assurance was given on some of the cover sheets, it was not clarified if this was positive or negative assurance. It was suggested this could possibly be picked up at the Board seminar on 14 May. A Rajpura noted that the committee's standing was more important in the current climate and that the focus should not only be about finances and as quality should not be overlooked. S Spill noted that it had been an enjoyable and informative meeting and looked forward to meeting all in person.</p> <p><b>RESOLVED: That the committee note the reflections.</b></p>	
24/2 526	<p><b><u>Date, Time and Venue of Next Meeting</u></b></p> <p>The Quality and Outcomes Committee would be held on Wednesday 4 June 2025, 1.30pm – 4.00pm via MS Teams.</p>	