

Approved at the 7 January 2026 meeting

**Minutes of the ICB Quality and Outcomes Committee
held on Wednesday 5 November 2025 in the Lune Meeting Room,
ICB offices, County Hall, Preston**

Members		
Sheena Cumiskey	Non-Executive Member (<i>Chair</i>)	L&SC ICB
Jane O'Brien	Non-Executive Member	L&SC ICB
Roy Fisher	Non-Executive Member	L&SC ICB
Steve Spill	Associate Non-Executive Member	L&SC ICB
Jane Scattergood	Acting Chief Nursing Officer	L&SC ICB
Asim Patel	Chief Digital Officer	L&SC ICB
Andy White (deputising for A Knox – Medical Director)	Chief Pharmacist	L&SC ICB
Julie Colclough	Primary Care Partner Member	L&SC ICB
Regular participants		
Kathryn Lord	Director, Quality Assurance and Safety	L&SC ICB
Debra Atkinson	Director of Corporate Governance / Company Secretary	L&SC ICB
Mark Warren	Nominated Director of Adults/Director of Children's services	Blackburn with Darwen Council
Arif Rajpura	Public Health representative	Blackpool Council
Bridget Lees	Nominated Provider Chief Nurse	Acute/MH rep
In attendance		
Louise Coulson	Committee and Governance Officer (minutes)	L&SC ICB
Debbie Wardleworth	Associate Director of Learning Disability and Autism	L&SC ICB
Vanessa Wilson (item 6)	Director of Children, Young People and Maternity	L&SC ICB
Rakhee Jethwa (item 9 via MS Teams)	Associate Director All Age Continuing Care (AACC) and Individual Patient Activity (IPA)	L&SC ICB
David Brewin (item 10)	Head of Patient Experience	L&SC ICB
Jane Jones (item 11)	Deputy Director of Safeguarding	L&SC ICB
Glenn Mather (item 12a)	Associate Director of Performance & Assurance	L&SC ICB
Fleur Carney (items 15 and 16)	Director Mental Health and Cancer Alliance	L&SC ICB
Alex Wells (item 17)	Head of Recovery & Transformation PMO	L&SC ICB

Item No	Item	Action
97/2 526	<p><u>Welcome, Introductions and Chair's Remarks</u></p> <p>The Chair welcomed everyone to the meeting and noted the lengthy agenda, commenting this would be reviewed at future agenda setting meetings. The Chair reminded all that the purpose of the committee was to provide assurance.</p>	
98/2 526	<p><u>Apologies for Absence/Quoracy of Meeting</u></p> <p>Apologies had been received from Andy Knox (Andy White would deputise), Peter Tinson, Neil Greaves and David Blacklock.</p> <p>The meeting was quorate.</p>	
99/2 526	<p><u>Declarations of Interest</u></p> <p>The Chair noted that no additional declarations of interest had been made prior to the</p>	

	<p>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>RESOLVED: That no declarations of interest were made relating to the items on the agenda.</p> <p>(a) Quality and Outcomes Committee Register of Interests.</p> <p>RESOLVED: That the Quality and Outcomes Committee register of interests was received and noted.</p>	
<p>100/ 2526</p>	<p>a) <u>Minutes of the Meeting Held on 3 September 2025 and Matters Arising</u></p> <p>The Chair noted the minutes had been shared for any points of accuracy and no amendments had been received.</p> <p>RESOLVED: That the minutes were approved as a true and accurate record.</p> <p>b) <u>Action log</u></p> <p>(Ref:106) – Primary Care Quality Group - K Lord updated the committee against the biochemistry blood process in ELHT and noted the continuation of the issues around staffing, blood collection and transportation. A business case has been approved to increase staffing levels. There had been no further escalations by GP practices – committee agreed to close.</p> <p>(Ref:2) – Committee terms of reference and business plan 2025/26 – D Atkinson confirmed that committee effectiveness reviews would be carried out through November and December 2025 - committee agreed to close.</p> <p>(Ref:14) - Medicines Optimisation and Safety report – A White updated the committee that item had been monitored by the neuroscience Board- committee agreed to close.</p> <p>(Ref: 17) - LSCICB Safeguarding Dashboard 2025-6, Q1 –An update had been circulated to committee -committee agreed to close.</p> <p>(Ref: 18) - All Age Continuing Care (AACC) and Individual Patient Activity (IPA) – It had been agreed that these documents would be enacted as procedures rather than policies – committee agreed to close.</p> <p>(Ref:19) – ICB Integrated Performance Report - It was agreed this should be presented first to the Population and Health Inequalities Group then be brought to the committee to provide a public health perspective. – due at committee 7 Jan 2026.</p> <p>RESOLVED: That the action log would be updated as discussed.</p>	
<p>101/ 2526</p>	<p><i>Arif Rajpura joined the meeting</i></p> <p><u>Patient story</u></p> <p>K Lord noted there had been some reflections on the patient story prior to the meeting and commented that it was good to see such a positive experience as to how social prescribing had helped this individual. The committee members commented on:</p> <ul style="list-style-type: none"> • The positive effect of integrated, partnership-based care. 	

	<ul style="list-style-type: none"> • The need to spread this approach across the ICB, ensuring that lessons learned from individual stories inform wider practice. • The importance of financial and housing support as part of health interventions. • The value of focusing on what the committee can do to assure quality and outcomes, rather than operational or performance issues. <p>RESOLVED: That the committee noted the content of the story.</p>	
102/2526	<p><u>Special Educational Needs and Disabilities (SEND) and Children and Young People (CYP) Quality Update</u></p> <p>V Wilson spoke to the report which provided the committee with a system update on the SEND position across Lancashire and South Cumbria and a quality overview of CYP acute and community services and noted risks across both areas which the committee were alerted to, she noted that updates and mitigations were contained in the paper.</p> <p>J O'Brien raised concerns in relation to finding alternative providers where a provider had given notice not to continue with future provision.</p> <p>J Scattergood agreed and reflected on the implications of providers giving notice and the difficulty in finding alternative provision in relation to CYP community services and SEND noting that current funding levels were insufficient to attract new providers. She emphasised the need for investment and a system-wide approach to address these challenges.</p> <p>A Rajpura noted that previous funding provided by the Big Lottery Fund which had been used for early years speech and language therapy was now coming to an end. He noted there needed to be more specialist investment in this area and that there was an opportunity for joint commissioning. He also commented that there was a need for more investment for CYP as the commissioning system could be too adult-focused.</p> <p>R Fisher stressed the importance of speech and language services for early years development and expressed concern about the impact of funding cuts and long waiting lists. He also highlighted the increasing need for specialist nursing in special schools and the opportunities for joint commissioning to improve outcomes.</p> <p>Members reflected on the difficulties in securing alternative provision, the critical importance of speech and language services, and the need for system-wide investment and joint commissioning.</p> <p>The committee agreed to continue monitoring progress, escalate risks as necessary, and seek assurance from commissioning regarding future plans and resource allocation.</p> <p>J Colclough supported the move towards a needs-led support offer and advocated for full re-triage of those on waiting lists, particularly for adults who may not require a diagnosis.</p> <p>V Wilson responded to questions about provider notices, explaining the rapid workarounds implemented and the challenges in securing alternative provision. She also outlined the positive impact of the autism spectrum disorder (ASD) support service and the ongoing work to secure additional funding.</p> <p>J Scattergood commented on the importance of representing children's wait times as a percentage of their life, especially for neurodevelopmental pathways. She advocated for a new reporting metric to highlight the disproportionate impact of long waits on children.</p>	

	<p>V Wilson agreed with J Scattergood’s point, noting that waits could represent up to 50% of a child’s life, and acknowledged the need for improved reporting and advocacy.</p> <p>The Chair emphasised the need for future reports to test and demonstrate the impact of mitigations, not just their implementation. The Chair requested that future updates include evidence of the effectiveness of actions taken in order that the committee can properly seek assurance or what further action needs to be taken if not assured.</p> <p>Members recognised the complexity and scale of the challenges facing CYP services, particularly in relation to waiting times, safeguarding, and service redesign. There was consensus on the importance of integrated approaches, robust data collection, and ongoing monitoring of risks and mitigations.</p> <p>Alert: Highlight the opportunity for joint commissioning, especially in conjunction with Local Authorities.</p> <p>RESOLVED: That the committee:</p> <ul style="list-style-type: none"> • Approved the Terms of Reference for the SEND Oversight Group subject to further amendments to be agreed with the corporate governance team outside of the meeting. • Approved the SEND strategy for Lancashire Send Partnership. • Escalate concerns regarding long waits, safeguarding, and data collection to the relevant commissioning and executive teams. • Continue to receive quarterly progress updates. • Continue monitoring compliance with the SEND quality framework and receive future updates. • Support the ongoing transformation of neurodevelopmental pathways and advocate for necessary investment. • Support ongoing partnership work to address multi-agency safeguarding and youth justice provision. • Seek assurance from commissioning regarding plans for pathway redesign and recommissioning, with a focus on timescales and resource allocation. • Noted the risks identified across SEND and CYP and next steps and planned mitigations, with reference to speech and language therapy provision and special school nursing and escalate concerns as appropriate. • Continue monitoring waiting times and the impact of service redesigns. • Noted the areas for priority action and improvement required as a result of the area SEND inspections and the commitment of resource to deliver the required improvements. <p><i>V Wilson left the meeting</i></p>	
<p>103/ 2526</p>	<p><u>Infection Prevention and Control Annual Report 2024/25</u> <i>R Jethwa joined the meeting via MS Teams</i></p> <p>K Lord introduced the paper and noted the purpose of the Annual Report was to provide a comprehensive overview of the 2024/25 work of the Infection Prevention and Control (IPC) Team of the Lancashire and South Cumbria Integrated Care Board.</p> <p>The report informed members on key Lancashire and South Cumbria Infection Prevention and Control priorities during 2024/25, system collaboration, progress against the planned work schedule, emerging trends, achievements and challenges throughout the year. In addition, the report outlined a position for each Trust and specific infection data analysis considering the local and national position. K Lord highlighted the collaborative nature of IPC work and the importance of partnership working.</p>	

	<p>The Chair noted the achievements of the IPC team, ongoing priorities, and the importance of partnership working.</p> <p>J Scattergood raised the seasonal issue of vaccination uptake and suggested presenting the actions taken to promote and enable acceptance and uptake of seasonal vaccinations in health and care staff to the People and Culture Committee, particularly regarding workforce well-being, business continuity and augmented provider capacity to deliver vaccination programmes.</p> <p>A Rajpura discussed the early arrival of flu season and the importance of increasing vaccination uptake, particularly among healthcare workers and care home staff. It was noted that separating COVID and flu vaccination campaigns had improved flu vaccination uptake, but COVID eligibility criteria was reduced this year. He also noted that care homes with high vaccine uptake had avoided outbreaks, while those with poor uptake had experienced outbreaks and fatalities. This was cited as a key message for the system.</p> <p>B Lees commented on the impact of prevention principles but noted that given organisational pressures this may be challenging to deliver. She recognised the importance of balancing risks and mitigations, especially when increasing capacity during surges.</p> <p>Members agreed that IPC was a collaborative system-wide effort and that partnership working was essential to achieving best outcomes. The committee recognised the need to continue monitoring vaccination uptake and outbreak management, and to escalate workforce concerns as appropriate.</p> <p>Members acknowledged the depth and breadth of work undertaken by the IPC team, including outbreak management, vaccination, and healthcare-associated infection control. They reflected on the challenges of maintaining infection control in overcrowded areas and the importance of cleaning and isolation.</p> <p>Members discussed the pressures on beds and the importance of supporting providers to reduce the incidence of transmissible diseases, especially during winter when capacity would be stretched.</p> <p>The Chair agreed to escalate workforce concerns, continue monitoring the impact of mitigations, and support ongoing quality improvement work.</p> <p>Alert: The committee agreed to escalate workforce concerns.</p> <p>RESOLVED: That the committee noted the contents of the report.</p>	
<p>104/ 2526</p>	<p><u>Learning Disabilities and Autism (LD&A) Update</u></p> <p>D Wardleworth spoke to the report which aimed to provide assurance on plans in place to address quality issues and identify issues for escalation. The report also provided updates on key activities which aimed to improve the quality of service, including performance and mitigation taken against NHSE targets and financial risk. The opening of Water Meadow View, a 14-bed specialist learning disability unit, was highlighted as a major development. It was noted that six patients had been identified for repatriation from out-of-area placements, with plans in place to accommodate individuals with complex needs, including those requiring enhanced staffing ratios. The facility's flexible design allowed for both single occupancy and communal spaces.</p> <p>D Wardleworth informed the committee of workforce challenges, including sickness,</p>	

	<p>maternity leave, and unfilled management positions. Discussions were underway regarding moving to a regional model and conducting rapid reviews to address backlogs.</p> <p>M Warren reflected on the importance of integrating clinical and social care teams at place level, advocating for neighbourhood-based work and maximising value for residents. Lancashire was identified as an outlier, with clinical teams not co-located with social care teams. Members agreed that strategic commissioning should encourage greater integration and neighbourhood-based work. It was agreed that the committee would alert the Board to the opportunity for improved outcomes through further integration.</p> <p>S Spill sought assurance regarding the layout and staffing of Water Meadow View, particularly for patients with complex needs. A response was provided confirming that the facility’s design and staffing plans would accommodate high levels of need and that the move would bring patients closer to home.</p> <p>D Wardleworth highlighted the challenges posed by the Right to Choose pathway and the financial risks associated with variable assessment costs.</p> <p>B Lees suggested that future reports included projections of demand for autism assessments to support planning and resource allocation.</p> <p>The Chair emphasised the need for future reports to test and demonstrate the impact of actions, not just their implementation. The Chair requested that future updates included evidence of the effectiveness of actions taken in order that the committee can properly seek assurance or what further action is required if not assured.</p> <p>Alert:</p> <ul style="list-style-type: none"> - Highlight the importance of the opportunity for improved outcomes through further integration. - Highlight the risks of <ul style="list-style-type: none"> o strategic commissioning gaps and the need for neighbourhood level integration o the challenges posed by the Right to Choose pathway and the financial risks associated with variable assessment costs o concerns regarding adult autism assessment waiting times and financial risks to the Board. <p>RESOLVED: That the committee noted the contents of the report and approved the recommendations.</p>	
<p>105/ 2526</p>	<p><u>All Age Continuing Care (AACC) and Individual Patient Activity (IPA) – monthly update</u></p> <p>R Jethwa asked the committee to note the report which provided an update and assurance to the committee on progress and plans in place to continuously improve the quality of the AACC & IPA service alongside improved performance and mitigation against financial risk.</p> <p>The Report focused on areas of work that the AACC & IPA Service were prioritising to achieve quality and financial stability for the future, acknowledging the turnaround direction and plan in place to support achievement.</p> <p>M Warren noted that care home commissioning needed to include local authorities and commented that he had written to the ICB regarding this.</p>	

	<p>D Atkinson raised concerns about workforce well-being, noting that 48% of sickness absence was related to stress and anxiety. She confirmed that this issue had been escalated to the People and Culture Committee.</p> <p>Members recognised the challenges of maintaining statutory functions given current pressures, the importance of robust review processes, and the need for improved data collection and reporting. The committee agreed that workforce well-being and capacity were critical to sustaining quality and assurance.</p> <p>A Patel noted the appeals in data and commented this reflected that very few appeals were upheld. It was agreed that R Jethwa and A Patel would review the data.</p> <p>The committee discussed the increase in funded nursing care (FNC) reviews, which had previously been paused and were now being accelerated through pilot programmes.</p> <p>RESOLVED: That the committee reviewed and approved the actions and recommendations within the report.</p>	<p>AP/RJ <i>(email)</i></p>
<p>106/ 2526</p>	<p><u>Patient Experience and Complaints Report</u> <i>D Brewin joined the meeting</i></p> <p>D Brewin outlined the report and noted that there was a significant risk to delivering the statutory complaints function of Lancashire and South Cumbria Integrated Care Board due to the challenges faced by the service and described the attempts being made to mitigate the risks.</p> <p>The first section of the report summarised activity in Quarter One and Two of 2025/26 and described the volumes and types of contact received by the Patient Experience Team (PET) followed by a more detailed analysis that included handling times and learning.</p> <p>There was an overview of the complaints received about the ICB rather than commissioned providers and a more detailed focus on All-Age Continuing Care (AACC) complaints.</p> <p>The report highlighted national complaints data which was published in October 2025 and showed that the ICB handled the highest number of General Practice and Dental complaints of any ICB in England. There was a summary of the ICB response to a new national initiative called 'You and Your GP' (YYGP) which included a section on capturing patient feedback.</p> <p>R Fisher expressed thanks to staff for managing significant pressures and highlighted the extraordinary volume of complaints, particularly in primary care, compared to the national average.</p> <p>J Scattergood emphasised the importance of learning from complaints to drive continuous quality improvement and advocated for closing the loop on actions arising from complaints and concerns. She noted that the statutory aspect of complaints handling presented a significant opportunity for engagement and improvement.</p> <p>The Chair acknowledged the operational pressures and the need for strategic review of the operating model, noting that the ICB's approach to complaints differed from other regions and this required improvement to ensure assurance and triangulation of patient experience. The Chair also highlighted the need to extract learning from complaints which could be used to inform strategy and continuous improvement.</p>	

	<p>The Chair emphasised the need for future reports to test and demonstrate the impact of actions, not just their implementation. The Chair requested that future updates included evidence of the effectiveness of actions taken in order that the committee can properly seek assurance or take action if not assured.</p> <p>The committee approved the report and requested an update be brought to the 7 January 2026 committee.</p> <p>There was a need for a strategic review of the complaints handling/ strategic operating model to ensure ICB assurance and learning.</p> <p>RESOLVED: That the committee noted the content of the report and supported the review of the process for handling AACC complaints.</p>	<p>LC (Planner)</p> <p>K Lord (Action Log)</p>
<p>107/ 2526</p>	<p><u>LSCICB Safeguarding Dashboard 2025-26, Q2</u> <i>Fleur Carney joined the meeting</i></p> <p>J Jones introduced the quarterly safeguarding dashboard which set out a range of activities 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> <p>The concise dashboard sets out the main areas of activity and escalations across the following functions:</p> <ul style="list-style-type: none"> - Statutory Priorities - Partnership Duties - Duty to Co-operate - Place Based Escalation <p>The data reported related to 2025-6, Q2 and aligned to the safeguarding focused priorities, progress made and areas where the ICB had not progressed and the next steps to be taken.</p> <p>The committee noted that the backlog of cases in the Lancashire Multi-Agency Risk Assessment Conference (MARAC) fluctuated, rising to 500 cases but had recently reduced to around 350. The increase was attributed to staffing and resource issues within the police. Assurance was provided that high-risk cases were prioritised for safeguarding assessment, and that families in the the backlog continued to receive support services.</p> <p>Members discussed the upcoming Liberty Protection Safeguards consultation, which was expected to bring a more proportionate approach and move some responsibilities from local authorities to the ICB.</p> <p>J Jones provided assurance that the concise dashboard enabled a more strategic and targeted approach to assurance against Statutory Functions. The CiC Dataset enables scrutiny of performance at an individual level; audit was demonstrating improved quality of IHA's.</p> <p>M Warren noted that local authorities were facing similar challenges with Deprivation of Liberty (DoLs) backlogs and echoed that the consultation was expected to lead to a more measured approach.</p> <p>Members acknowledged the positive impact of the new medical advisor appointment and the ongoing challenges of managing backlogs in DoLs applications and MARAC cases. The committee agreed that robust triage processes and recruitment of additional</p>	

	<p>staff were essential to maintaining assurance and safeguarding vulnerable populations. J Jones gave assurance regarding the MARRAC backlog and Police mitigating actions. The CoP DoL risk is being escalated to the Board Assurance Framework.</p> <p>RESOLVED: That the committee noted:</p> <ul style="list-style-type: none"> • ICB statutory priorities and functions, managing risk and address under performance. • Partnership duties, being a strong partner and collaborator across the system • Duty to Co-operate, that we are active in supporting doing the right thing for our vulnerable populations in preventing abuse, neglect and harm • Focus on populations at Place <p><i>David Brewin left the meeting</i></p> <p><i>The agenda was taken out of order.</i></p>	
<p>108/ 2526</p>	<p><u>Intensive and Assertive Treatment – response to The Independent Mental Health Homicide Review into the tragedies in Nottingham Report</u></p> <p><i>Jane Jones left the meeting</i></p> <p>F Carney noted the paper provided a summary of the progress made in relation to providing an Intensive and Assertive Treatment function, as part of community mental health services, for people with severe mental illness (SMI) who may struggle to engage with traditional services in Lancashire and South Cumbria.</p> <p>It was noted this report followed on from a previous report to the Committee in May 2025, which detailed the national requirements for local action in response to the Independent Mental Health Homicide Review into the tragedies in Nottingham and detailed the key areas of focus for delivery of a Lancashire and South Cumbria (LSC) Improvement plan. She advised there was a national requirement for ICBs to review progress and update their improvement action plans at six- and twelve-month intervals, and that a recent review had been undertaken, which was facilitated by the LSC Intensive and Assertive Outreach (AOT) Task and Finish Group and was submitted to NHSE in September 2025.</p> <p>Members noted that governance arrangements had been strengthened, with the Chief Medical Officer and the Interim Chief Nursing Officer chairing the task and finish group which was responsible for overseeing the implementation of recommendations. Progress was reported to the Mental Health Board, contract meetings, and the Community Mental Health Transformation Board.</p> <p>The committee received assurance that assertive outreach principles were being embedded into workforce development, care planning, and community pathways. The transformation programme in community mental health was ongoing, with a national review planned to ensure best practice and identify further opportunities for improvement.</p> <p>The Chair reflected on the importance of maintaining oversight and assurance as the transformation programme progressed with agreement to receive a further report at the June 2026 meeting.</p> <p>The Chair emphasised the need to continue monitoring the impact of improvements and to escalate any risks or issues as they arise. The Chair also suggested that future reports included graphical representations of progress against action plans for greater clarity.</p>	<p>LC <i>(planner)</i></p>

	<p>RESOLVED: That the committee:</p> <ul style="list-style-type: none"> • Noted the contents of the report • Approved the proposed actions derived from the review 	
<p>109/ 2526</p>	<p><u>Public Health suicide audits recommendations follow up for improvements across Mental Health</u></p> <p>F Carney updated the committee with an overview of the report and advised this was to provide the Quality and Outcomes committee with an update to a previously shared paper which provided outputs of Public Health recommendations to Mental Health services following suicide audits across Lancashire and South Cumbria. She noted there was considerable improvement work happening and planned across the system, and the report highlighted key elements of the work which would be aligned to these recommendations.</p> <p>The committee discussed the importance of partnership working with local authorities, public health teams, voluntary sector partners, primary care, police, and NHS providers. The report highlighted significant engagement with people with lived experience, ensuring that their voices informed service improvements and suicide prevention strategies.</p> <p>The Chair reflected on the importance of maintaining oversight and assurance as the transformation programme progressed and emphasised the need to continue monitoring the impact of improvements and to escalate any risks or issues as they arose.</p> <p>RESOLVED: That the committee noted the report and considered the contents of the report which supported the identified improvements and transformation work happening across Mental Health.</p> <p><i>The agenda returned to the original order</i></p>	
<p>110/ 2526</p>	<p><u>ICB Integrated Performance Report / Escalation Report</u></p> <p>G Mather spoke to the paper and noted the ICB had statutory responsibilities for NHS Commissioned services across Lancashire and South Cumbria (L&SC) and would be held to account by NHS England (NHSE) for system delivery against key constitutional performance and quality targets. He noted the purpose of the paper was to provide an update on the latest position against key performance indicators (KPIs) together with an overview of the quality (including outcomes, safety and experience) and health equity impact within the system.</p> <p>The report highlighted ongoing work which included health inequalities data, particularly in children’s services, and identified variation within the system. The committee acknowledged the importance of integrating intelligence from other agenda items, such as SEND and CYP reports, to provide a holistic view of performance.</p> <p>The Chair emphasised the need for future reports to focus on assurance and the impact of mitigations, rather than just their implementation with updates to include evidence of effectiveness and outcomes.</p> <p>The committee received escalation reports on mechanical thrombectomy at Lancashire Teaching Hospitals (LTH), noting ongoing assurance issues and the likelihood of further patient safety incidents. The committee also discussed an incident at Blackpool Teaching Hospitals (BTH) regarding staff qualifications, which had been escalated to a regional group for review.</p>	

	<p>R Fisher expressed concern about the persistent risks in histopathology and the potential for moderate or greater harm to patients. He highlighted the importance of prioritising recruitment and mutual aid and sought further assurance on the effectiveness of current mitigations. J Scattergood suggested that future reports included more structured and granular data on long waits, particularly in NHS providers, and advocated for integrating intelligence from other agenda items to provide a comprehensive view of performance.</p> <p>A Patel added that the detail for long waits required more structure and needed to include data for mental health long waits, adding there had been a repetition of data in other reports received at committee.</p> <p>B Lees commented on the need for triangulation between performance data and other quality reports and supported the idea of deep dives into specific areas to better understand risks and outcomes.</p> <p>D Atkinson added the mapping used for the Board Assurance Framework could be helpful to develop the report for further review at the 7 January 2026 committee.</p> <p>RESOLVED: That the committee noted the report.</p>	<p>DA/GM (email)</p>
<p>111/ 2526</p>	<p><u>Urgent and Emergency Care (UEC) – Virtual Wards/Hospital at Home Performance Report</u></p> <p>The committee proposed to defer this item.</p> <p>RESOLVED: That the items above be deferred.</p>	
<p>112/ 2526</p>	<p><u>East Lancashire Hospitals Trust Histopathology update and assurance</u> <i>Bridget Lees and Julie Colclough left the meeting</i></p> <p>K Lord spoke to the report related to East Lancashire Hospitals NHS Trust (ELHT) histopathology service which continued to face significant operational challenges, despite a series of improvement initiatives following the Rapid Quality Review that took place in October 2024. Whilst earlier recovery work reduced the initial 8,000-case backlog identified in February 2024, recent data showed a deterioration in performance, with the number of unreported cases increasing from 3,110 in March 2025 to 5,406 as of 6 October 2025.</p> <p>It was noted that mutual aid arrangements were in place, with support from neighbouring Trusts and external providers to help manage sample volumes. System-level meetings were being held weekly to coordinate actions and monitor progress.</p> <p>K Lord noted a business case for increased staffing had been approved, and recruitment was underway.</p> <p>R Fisher expressed concern about the persistent risks in histopathology and the potential for moderate or greater harm to patients. He highlighted the importance of prioritising recruitment and mutual aid and sought further assurance on the effectiveness of current mitigations.</p> <p>The Chair emphasised the need for ongoing scrutiny and close monitoring of the situation and requested that future updates included evidence of the impact of mitigations and outcomes for patients.</p>	

	<p>A White noted that General Practice was sending more samples than expected, which was contributing to the surge in volumes and highlighted the importance of educating clinicians about appropriate referral pathways and managing demand.</p> <p>A Patel supported the move towards a consolidated service, noting that specialist input and organisational resilience were essential.</p> <p>The Chair noted that there was a plan in place, however the committee were not assured that mitigations were having the desired impact, as the position continued to deteriorate.</p> <p>Alert: The committee noted the ongoing fragile position and the requirements for continued oversight, system-level coordination, and strategic planning to ensure patient safety and service sustainability.</p> <p>RESOLVED: That the committee:</p> <ul style="list-style-type: none"> • Noted the progress made. • Approved continued ICB oversight of patient harms and backlog reduction. <p><i>The agenda was taken out of order.</i></p>	
<p>113/ 2526</p>	<p><u>Quality Impact Assessments – update to policy processes</u></p> <p>A Wells introduced the Quality Impact Assessments item and noted that these were fundamental within the ICB to ensure that potential risks associated to change activity were identified, understood and where possible mitigated with effective actions. The Programme Management Office (PMO) and Quality Teams in the ICB worked closely to manage a standardised process that ensured all change activity went through a consistent process.</p> <p>In September 2025, the Quality and Outcomes Committee were appraised of new guidance published from NHS Quality Improvement Framework that recommended a series of best practices in conducting impact assessments. Alongside this, work has been undertaken within the ICB to conduct a holistic review of existing ways of working and improvements.</p> <p>The committee were advised that the QIA policy had been updated to align with new national guidance and the revised policy aimed to ensure that quality impact assessments were embedded as a core step in service change, transformation, and cost improvement programmes. The committee noted that the new process required QIAs to be completed prospectively and reviewed regularly to monitor the impact of changes. The updated QIA template was designed to be more user-friendly and to capture key risks, mitigations, and anticipated impacts.</p> <p>A Wells assured the committee that the process now included a requirement for risk stratification, with high-risk changes subject to more detailed review and oversight.</p> <p>The committee noted that the QIA process had been integrated with the organisation’s risk management framework, allowing for improved tracking of risks and mitigations. Regular reporting to the committee and the Board had been established to provide assurance on the effectiveness of the process.</p> <p>A Wells noted that monitoring arrangements had been strengthened, with regular feedback sought from service leads and teams completing QIAs. The policy included provisions for exception reporting, ensuring that any significant risks or issues were escalated promptly.</p>	

	<p>The Chair reflected on the importance of embedding QIAs as a routine part of planning and assurance and emphasised the need for ongoing monitoring of the impact of mitigations.</p> <p>A Wells provided assurance that the new policy and template had been well received and that training was being rolled out to support implementation. He confirmed that the QIA process was now aligned with the organisation’s risk management approach and that regular reporting would be provided to the committee.</p> <p>D Atkinson highlighted the importance of ensuring that QIAs were completed prospectively and not retrospectively, noting that this was essential for effective risk management and assurance. She advocated for continued engagement with service leads to ensure that the process was understood and followed.</p> <p>Members agreed that the updated QIA policy and process provided a robust framework for assessing the impact of service changes on quality and safety. The committee supported ongoing monitoring and reporting. It was requested that future updates included examples of QIAs that had led to improvements in care or identified significant risks.</p> <p>RESOLVED: The committee supported the proposed changes to QIA processes and approved the associated updates to the policy which incorporated the changes made to processes and tools used during an impact assessment.</p> <p><i>Alex Wells left the meeting</i></p>	
<p>114/ 2526</p>	<p><u>Patient Safety Incident Response Framework (PSIRF) Provider Policy & Plan Update</u></p> <p>K Lord spoke to the paper and sought formal approval from the committee for the commissioned providers who had submitted their Patient Safety Incident Response Framework (PSIRF) Policy and Plans, or revised Plans, in order to proceed with full implementation in line with national policy and contractual requirements.</p> <p>K Lord noted that monitoring arrangements had been strengthened, with regular reporting on incident trends, actions taken, and the effectiveness of interventions. The PSIRF policy included provisions for ongoing assurance and review to ensure that learning was embedded and sustained.</p> <p>K Lord updated the committee on the progress of incident reviews under the new framework, with a focus on thematic analysis and the identification of system-wide issues. The importance of sharing learning across teams and services was emphasised, with mechanisms in place to disseminate findings and monitor the impact of changes.</p> <p>The Chair reflected on the positive shift towards a learning culture and the importance of embedding PSIRF principles in everyday practice. The Chair emphasised the need for continued monitoring and assurance to ensure that the policy was having the desired impact on patient safety.</p> <p>J Scattergood welcomed the focus on thematic analysis and system-wide learning, noting that this approach would help to identify underlying issues and prevent recurrence of incidents. She suggested that future reports included examples of learning that had led to tangible improvements in care.</p> <p>D Atkinson highlighted the importance of staff engagement in the incident response</p>	

	<p>process and the need for clear communication about the purpose and benefits of the PSIRF policy. She advocated for ongoing training and support to ensure that all staff understood their roles and responsibilities under the new framework.</p> <p>Members agreed that the Provider Policy and Plan Update approach provided a robust framework for incident response and learning and supported the continued development of policies and processes to underpin patient safety.</p> <p>The committee recognised the challenges of cultural change and the need for sustained leadership and commitment.</p> <p>RESOLVED: That the committee:</p> <ul style="list-style-type: none"> • Noted the contents of the report. • Considered and supported approval of the provider PSIRF Polices and Plans recommended in Section 2. 	
<p>115/ 2526</p>	<p><u>Clinical Policies for approval from Clinical Effectiveness Group (CEG)</u></p> <p>K Lord spoke to the paper which sought ratification of 18 clinical policies that had been reviewed and found to require no material changes. Only minor wording updates were made (e.g., “surgical correction of hair loss” updated to “hair loss surgical correction”; “excision of the uterus (hysterectomy) for heavy menstrual bleeding” clarified as “excision of the uterus for the treatment of menorrhagia”; “face or brow lift” specified as “face or brow lift (cosmetic procedures)”), with no impact on policy positions. Equality and Health Inequalities Impact and Risk Assessment (EHIRA) and Quality Impact Assessments (QIA) stage 1 identified no risks, as no material change had impacted on the content of any of the policies.</p> <p>Clinical Policies:</p> <ol style="list-style-type: none"> 1. Adult Snoring Surgery (In the absence of obstructive sleep apnoea) 2. Chalazia Removal 3. Male Circumcision 4. Cosmetic Genital Surgery 5. Cystoscopy for Lower Urinary Tract Symptoms (LUTS) in Males 6. Divarication of the recti 7. Face or Brow lift (Rhytidectomy) 8. Ganglion Cysts (± and Muroid Cysts) 9. Hysterectomy 10. Hysteroscopy 11. Mastopexy 12. Surgical Correction of Nipple Inversion 13. Policy for Non-invasive Vagus Nerve Stimulation (gammaCore™) in Headache 14. Removal and/or Replacement of silicone implants (revision of breast augmentation) 15. Removal of Excess Hair 16. Sterilisation Reversal in Males and Females 17. Surgical Correction of Hair Loss 18. Tattoo removal <p>The committee discussed the importance of aligning clinical policies across the Northwest region to reduce unwanted variation and ensure equitable access to services. It was noted that approval at regional level would help maintain consistency and avoid discrepancies between neighbouring ICBs.</p> <p>Members agreed that, going forward, only policies with substantive changes would be brought for detailed review, while minor updates would be summarised in a cover sheet. This would streamline the approval process and focus committee attention on significant changes.</p>	

	<p>The Chair reflected on the efficiency of the current process and the value of risk stratification in policy review and emphasised the need for clear communication of changes and the importance of regional alignment.</p> <p>R Fisher supported the approach of focusing committee attention on policies with substantive changes and highlighted the need for clarity and precision in policy language. He also noted the importance of evidence-based interventions and the role of CEG in maintaining high standards.</p> <p>J Scattergood suggested that future reports include a summary of changes and their impact, allowing the committee to quickly identify policies requiring further discussion. She also emphasised the need for assurance that policies were aligned with regional and national guidance.</p> <p>In relation to the approval of policies the committee agreed to:</p> <ul style="list-style-type: none"> • Approve the eighteen clinical policies as recommended by CEG, noting that no material changes had been made. • Support the ongoing alignment of clinical policies across the Northwest region. • Request that future policy reviews include a summary of changes and their impact, with substantive changes highlighted for detailed discussion. • Maintain a clear audit trail of policy changes and approvals for assurance and transparency. <p>RESOLVED: That the committee:</p> <ul style="list-style-type: none"> • Acknowledged the progress of the policy review programme. • Approved the 18 policies. • Agreed to publish the policies on the ICB website. 	
<p>116/ 2524</p>	<p><u>AAA report - Prevention and Health Inequalities Steering Group</u></p> <p>K Lord noted the report included an update on key issues from the Prevention and Health Inequality Group (PHISG) held on Thursday 18th September 2025. The report also included an update from Q2 LSC ICB Report to the NHSE North</p> <p>The Chair emphasised the need for the committee to focus strategically on prioritising resources for prevention and health inequalities, given current constraints.</p> <p>A White highlighted the importance of prioritising patient safety over savings, especially during periods of high pressure. He supported the approach of focusing on safety issues and acknowledged the challenges of balancing competing demands.</p> <p>A Patel reflected on the need to pull through concerns from the Triple AAA report into the overarching committee alerts and board discussions. He agreed that addressing health inequalities required sustained attention and investment.</p> <p>Members agreed that the steering group’s work was critical to the system’s long-term success. They recognised the need for ongoing monitoring, escalation of risks, and integration of prevention and health inequalities into strategic planning.</p> <p>RESOLVED: That the committee noted the AAA report, including the PHISG draft minutes and the Quarter 2 LSC ICB Report to the NHSE North West Public Health System Oversight process.</p>	
<p>117/ 2526</p>	<p><u>AAA report - Primary Care Quality Group</u></p> <p>K Lord advised the purpose of the paper was to provide Quality and Outcomes</p>	

	<p>Committee with an overview of the matters addressed in September 2025 Primary Care Quality Group. The report outlined the current situation in primary care across Lancashire and South Cumbria from a quality and patient safety perspective and was presented as alerts, assurances and advice. The Primary Care Integrated Report received and considered within the meeting of the group, was attached.</p> <p>The Chair expressed concern about the level and size of risks to the population, particularly the unwanted variation in primary care.</p> <p>Members agreed that the Primary Care Quality Group’s work was critical to the system’s long-term success. They recognised the need for ongoing monitoring, escalation of risks, and integration of primary care quality into strategic planning.</p> <p>RESOLVED: That the Committee:</p> <ul style="list-style-type: none"> • Noted the content of the report. • Noted the current gap in attaining assurances of provision of services in primary care due to demand and gaps in workforce, as outlined in risks 010 and 013. 	
<p>118/ 2526</p>	<p><u>Committee escalation and assurance report to the Board</u></p> <p>Members noted the items which would be included in the report to the Board.</p> <p>RESOLVED: That the committee noted that a report would be taken to Board.</p>	
<p>119/ 2526</p>	<p><u>Items referred to other committees</u></p> <p>The committee asked that the following 2 items be referred to the People and Culture Committee:</p> <ol style="list-style-type: none"> 1. Patient Experience and Complaints Report <p>Due to the operational pressures within the service and the need for a strategic review of the operating model, which requires improvement to ensure assurance against statutory responsibilities and triangulation of patient experience, the committee agreed to escalate workforce well-being and operational capacity concerns to the ICB People and Culture Committee</p> <ol style="list-style-type: none"> 2. Infection Prevention and Control Annual Report 2024/25 <p>Present the actions taken to promote and enable acceptance and uptake of seasonal vaccinations in health and care staff to the People and Culture Committee, particularly regarding workforce well-being, business continuity and augmented provider capacity to deliver vaccination programmes.</p> <p>RESOLVED: That the committee referred the above two items to the ICB People and Culture Committee.</p>	
<p>120/ 2526</p>	<p><u>New directives/regulations/reviews that have been published:</u></p> <p>NHS England Practice Guidelines – You and your general practice.</p> <p>RESOLVED: That the committee note the guidelines.</p>	
<p>121/ 2526</p>	<p><u>Any Other Business</u></p> <p>No other business was raised.</p> <p>RESOLVED: That there was no other business.</p>	

122/ 2526	<p><u>Items for the Risk Register</u> There were no new items for the risk register</p> <p>RESOLVED: That there were no new items for the risk register.</p>	
123/ 2526	<p><u>Reflections from the Meeting</u></p> <p>There was consensus that future meetings should prioritise the most critical issues, possibly by reducing the number of items or considering more frequent meetings (monthly instead of bi-monthly). They requested future reports to include feedback on the impact of mitigations, with risk management reporting by exception.</p> <p>Members noted that while many reports detail risks and mitigations, there is often insufficient evidence of the ‘impact’ of those mitigations.</p> <p>J O’Brien noted that a move towards more tabular or structured reporting that clearly shows whether mitigations are having the desired effect, rather than relying on narrative updates would prove useful.</p> <p>The Chair felt the committee managed to focus on key issues despite time constraints but asked that papers were prepared more effectively to focus on assurance rather than on operational issues.</p> <p>RESOLVED: That the committee note the reflections.</p>	
124/ 2526	<p><u>Date, Time and Venue of Next Meeting</u></p> <p>The Quality and Outcomes Committee would be held on Wednesday 7 January 2026, 1.30pm – 4.00pm, MS Teams.</p>	