NHS
Lancashire and South Cumbria
Integrated Care Board

Approved – 20 March 2024

Minutes of the ICB Quality Committee Held on
Wednesday, 21 February 2024, 1.30pm-3.30pm
in Lune Meeting Room 1, ICB Offices, Level 3 Christ Church Precinct, County Hall, Preston, PR1 8XB

Name	Job Title	Organisation
Members		
Sheena Cumiskey (SC)	Chair/Non-Executive Member	L&SC ICB
Roy Fisher (RF)	Non-Executive Member	L&SC ICB
Professor Sarah O'Brien (SO'B)	Chief Nursing Officer	L&SC ICB
Kathryn Lord (KL)	Director, Quality Assurance and Safety	L&SC ICB
Dr David Levy	Medical Director	L&SC ICB
Dr Geoff Jolliffe	Primary Care Partner - GP, Barrow-in-Furness	L&SC ICB
Elaina Quesada	Local Authority Representative (LCC) *On behalf of Mark Warren*	Lancashire County Council
Attendees		
Dr Arif Rajpura (AR)	Director of Public Health	Blackpool Council
Andrew White (AW)	Chief Pharmacist	L&SC ICB
Joseph Hannett (JH)	Voluntary, community, faith and social enterprise (VCFSE) Representative	VCFSE
Claire Lewis (CL)	Associate Director, Quality Assurance	L&SC ICB
David Blacklock	Healthwatch Representative Chief Executive, People First / Healthwatch Cumbria and Lancashire	Healthwatch
Davina Upson (DU)	Business Manager	L&SC ICB
Jo Parkes ***Observer***	Audit and assurance lead in the AACC & IPA team	L&SC ICB
Tony Crick (For Item 13)	Chief AHP and HCS Clinical Lead for Healthcare Sciences	L&SC ICB
Sam Davies (For Item 13)	Senior Quality Officer	L&SC ICB
Vicky Webster (For Item 13)	Associate Director for Children and Young People	L&SC ICB

Item No	Item	Action
1.	**Welcome, Introductions and Chair's Remarks** Sheena welcomed members to the February 2024 quality committee and introduced	

	Vicky Webster, Tony Crick and Sam Davies who were in attendance for Item 13 on the agenda. An extended welcome was made to Jo Parkes who was observing the meeting as part of her induction in the role of Audit and assurance lead in the AACC & IPA team and to Elaina Quesada who was in attendance as named deputy on behalf of Mark Warren. Members were reminded that the meetings will take place bimonthly from April 2024 and a request made to consider how papers can be adapted in preparation for this change to ensure that the committee optimises their time and adds value. Members were also advised that the patient story would be taken at the end of the business items as a trial, so that reflections could be made as to whether anything which had been discussed in the meeting would make a difference to the patient experience.	
2.	**<u>Apologies for Absence/Quoracy of Meeting</u>** Apologies were received and noted from David Eva, Mark Warren, Lindsay Graham, Bridget Lees, Caroline Marshall and standing apologies from Debbie Corcoran. The meeting was quorate as Elaina as named deputy for Mark Warren was in attendance.	
3.	**<u>Declarations of Interest</u>** The declarations of interest were noted from the papers relating to: - Item 7: Risk and Escalation and the conflict was noted as being Bridget Lees, Chief Nurse, Blackpool Teaching Hospitals, however apologies had been received from Bridget for this meeting. **RESOLVED: That the above declarations of interest relating to the items on the agenda were noted with no action required.** **(a) Quality Committee Register of Interests.** **RESOLVED: That the register of interests was received and noted.**	
4.	**(a) <u>Minutes of the Meeting Held on 24 January 2024, Matters Arising and Action Log</u>** The minutes from the 24 January 2024 were approved as an accurate record of discussions. **RESOLVED: That the minutes of the meeting held on 24 January 2024 were approved as a correct record.** **(b) <u>Action Log</u>** The following actions were closed from the action log: <u>Ref No 5.4</u> - Maternity neonate update report (on the agenda) <u>Ref No. 29</u> – Quality and Safety Report (Neurodevelopment pathway). Agreed to close as an action and Sarah O'Brien would ensure that any updates are brought to committee. <u>Ref No. 30</u> – Risk and Escalation (Reg 28) – agreed to close as an action and the	

	response would be shared with members for information via email. Ref No. 31 – LeDeR Annual Report – agreed to close noting that the detail will be recieved in a future report and members to ensure that when reviewing information there is the need to challenge whether the changes have been implemented. Ref No. 37 – Risk Register Action log Updates **Ref No 27: Maternity Loss Patient Story** Vicky Webster agreed to liaise with Vanessa Wilson as to when an update would be brought to committee. **RESOLVED: That the action log is updated as detailed.**	
13.	**Paediatric Hearing Services Improvement Programme** The agenda was taken out of order to facilitate attendance at other meetings for the colleagues who were presenting this paper. Members were advised that a national response to hearing loss in children had been instigated by NHS England following independent reviews that have highlighted failings in hearing services. NHS England, via the Office of the Chief Scientific Officer have launched the Paediatric Hearing Services Improvement Programme (April 2023). This is being managed through the collaborative working of the ICB, Provider organisations and the Diagnostic Programme Board. A gap analysis has been completed against the recommendations from the Paediatric Hearing Services Improvement Programme and members were advised that this has highlighted gaps in assurance in relation to the NHSE recommendations. Assurance was provided that no harms to children in Lancashire and South Cumbria have been identified to date, however until further review and in-depth analysis is carried out there remains a potential risk of unidentified harm. An action plan has been drafted in response to the gaps in assurance and implementation of these actions will be prioritised in relation to patient safety and accreditation of workforce competencies, noting that there has been very good engagement from clinicians. David Levy stated that this service would be categorised as a fragile service but had not been noted as one by the trust which may be attributable to data/coding being an issue nationally as the treatment function code is not specific for adults/children and only refers to ENT in general. In addition, David flagged whether there was an opportunity to standardise procurement for audiology with Tony commenting that the procurement is in place for all providers in LSC and he expects to have a single contract later this year. David Blacklock requested detail on how the experience of people who use the service is being gathered, how this will shape the service and how the governance will be addressed. The points were responded to, noting that in terms of the patient/family experience there is currently some patient feedback in place, which was acknowledged not to be robust presently but there is work in progress with trust colleagues to gain the detail. In addition, the ICB experience team have been engaged with to understand what issues have been flagged previously.	

	Strategically the ICB has adopted a model of coproduction (LUNDY model) with the voice of the child and rights of child being embedded and work is being undertaken with LCC to ensure the correct model for our population and incorporating experience-based design into this service. Tony advised of the governance structure which has been identified to deliver and respond to the requirements and recommendations of the NHSE improvement programme with an oversight group in place to provide updates to the quality committee. Elaina queried whether there was a risk register for the potential impact should any harms be identified from the ongoing review of waiting lists. Vicky advised that there is a plan in place to risk assess and report accordingly with a standardised referral being worked on, and pathway redesign to be built into the framework to address the recommendations fully which each provider would feed through risks and hold their own risk register. Claire noted the challenge of identifying potential harms and how this can impact on life opportunities, which would be compounded by speech and language waiting list times as the longer-term impact is unknown. Joe offered to link colleagues with charities (local and national) who can support people with hearing issues. Agreed to include within the report to board an alert to how fragile services can be identified as this is an example of how they can go under the radar. Members noted that the stress and anxiety associated with having a child with hearing loss could compound the issues noted within this month's patient story. Noting the importance of considering how communities are supported to access services. David Blacklock offered to support with the governance structure to ensure that there is a strengthened voice on the impact and assurance. Members approved the proposed governance structure and action plan with a future update on progress in 6 months' time. **RESOLVED: That quality committee members approved the governance and reporting structures as detailed within the paper, with an update report being provided in 6 months' time.** ***Vicky, Tony and Sam left the meeting.*** ***Andrew White joined the meeting.***	**VW**
5.	**<u>Quality and Safety Report:</u>** Claire Lewis spoke to the circulated quarterly quality and safety update in relation to the areas of responsibility and highlighted: <u>Cancer</u> • The alliance risk register has recorded a significant number of patients will have scans outside of the programmes clinical protocol timeline. There is a plan in place to clear the backlog of scans. • 140 patients have waits over 104-days in latest report. This position has remained steady, in Q2 2023/24 there were 154 patients. • Discussions have been held across trusts regarding how >104-day harm reviews fit	

	in with the new Patient Safety Incident Response Framework and how we share the learning. It was agreed the current guidance needed to reflect the changes agreed from stakeholders with implementation of the guidance planned for 1st April 2024. • Implementation of targeted interventions in one Preston ward; an Earlier Diagnosis improvement pilot in Fylde Coast and work with the prison population as contributing to the ICB Health Inequalities improvement work. **RESOLVED: That quality committee members noted the content of the report.** <u>Infection Prevention and Control (IPC)</u> • The IPC Collaborative has been established reporting to the IPC/AMR Board. • Continued processes to support primary care prescribing arising from the learning from CDI cases reviewed. • There has been an outbreak of pseudomonas in the Neuri HDU and appropriate measures are being put into place to resolve. • Primary care IPC Champion project - There are 41 practices out of 211 that do not have an IPC champion despite numerous emails and the lack of response has been appropriately escalated via primary care networks. Claire advised that she will discuss with the team to establish whether are any significant differences between those practices with champions and those without. • Across the infections monitored trusts except BTH are exceeding trajectories. **RESOLVED: That quality committee members noted the content of the report.** <u>Mental Health</u> • Further to the CQC report being published on 31 January 2024 LSCFT have an updated overall rating of 'Good', noting that the Safe and Effective domains still 'require improvement'. • Initial Response Service (IRS) is undergoing a wider review by LSCFTs Transformation team and will explore whether IRS systems and processes are contributing to harm or whether a perception of increased harm is a consequence of IRS centralising contacts with patients that may previously have been under a variety of different services. • A number of changes have been implemented around the acceleration of treatment plans for Super stranded Out of Area Placements, which are having positive impacts on Clinically Ready for Discharge metrics. • Note the skill mix review, stay conversations and grow your own initiatives to address staffing recruitment and retention challenges in LSCFT. • The Quality team have concerns relating to the positive and safe training compliance and as such are closely monitoring that and the clinical supervision compliance as crucial for safe and appropriate care around behavioural escalation. • Following a tragic accident at LSCFT there has been recognition of an increase in fire incidents, so fire training compliance and targeted work on smoking and fire accelerants. • The improvement programme is showing positive results in measures agreed around restrictive practice and • The report provides information about quality visits undertaken and those planned. **RESOLVED: That quality committee members noted the content of the report.** <u>Safety</u> • Unallocated caseload in the Community Mental Health Team (LSCFT) continues to be a theme noted by the Mental Health Serious Incident Review Group noting in the MH report, the movement of staff between teams when short staffed.	**CL**

	• Also, a theme are incidents occurring where pressured workforce is a contributing factor highlighted in the investigation, particularly where admission is through the Emergency Department. **RESOLVED: That quality committee members noted the content of the report.** David Levy commented on 104-day waits for Cancer patients and any associated harms, noting that the implementation of the guidance is planned from 1 April 2024 but wanted to flag concerns that harm reviews do not appear to be undertaken in a structured way and requested a more detailed report to come to committee in May/June 2024 to include detail from both Lancashire Teaching Hospitals and East Lancashire Hospitals and also addressing the potential for our population with health inequalities being disadvantaged. Further offering to be able to pick up discussions through the Improvement and Assurance Groups (IAG).	**CL/DL**
	David Levy referenced the IAG meeting held with colleagues from LSCFT 9 February 2024 at which the challenge surrounding discharging patients who are homeless was discussed with an action for Louise Taylor to progress with Council colleagues. Elaina echoed the housing concerns and advised that this is an area of priority for council colleagues. Elaina commented also on the memory assessment service and the interface between joint referrals with adult social care and how can the opportunities be developed for this service and OAPs for joint commissioning (including the voluntary sector) and learning. An advisory was agreed to ICB board to ensure a cross way work ICB housing needs to be central to and learning for opportunities. Members requested a referral to the Primary Care Commissioning Committee relating to each GP practice not having a lead on infection, prevention and control issues, IPC Champion, in order to seek to understand why this is not in place at every practice and whether as a result of this there is any detrimental impact. Discussion ensued relating the recent outbreak of Measles with Arif commenting as to the live issue of increasing the take up of vaccinations. Sarah echoed the concerns but noted that the issue relates to the take up for other vaccinations across the population and across trusts for staff vaccination. It was agreed that the committee should receive a position statement at the March 2024 meeting which could be informed by work which is already being carried out relating to the uptake (of all vaccinations), therefore not creating additional pressures. Further agreement was made to refer to the ICB People Board with the request surrounding how can encouragement be given to staff to have their vaccinations to protect themselves and the people/communities we serve. Geoff commented on infection, prevention and control regarding providing best practice guidance to ensure that patients do not attend surgeries with certain symptoms as by doing this the diseases are being spread. Joe commented on the IRS being reviewed as the first paragraph of the paper was a positive statement advising that impacts had been recognised. Claire provided clarification that there were some aspects of the service which required further review to ensure that safety and effectiveness was maintained as this was a new model and service delivery. Joe and Claire to have a further discussion relating to any involvement which the voluntary sector can support and bring back to committee should this be required.	**CL/JH**
6.	**<u>Maternity update report</u>** • Learning from Safety Events/PSIRF • Maternal Medicine Network	

	• Maternity & Neonatal Independent Senior Advocate • Maternity & Neonatal Voice Partnership Update • Neonatal Mortality Update Claire Lewis referenced the request from October 2023 committee for the maternity and neonate report to be brought to committee regularly in order to understand the detail and provide assurances of the work being undertaken, (action reference 5.4), highlighting: • The LMNS Serious Incident & Oversight Group convenes on a bi-monthly basis with engagement from the 4 maternity services and key partners from across the system. • There has been good engagement from providers which is enabling shared learning. • A Consultant Obstetrician from ELTH has been appointed as Clinical Lead for the LMNS and will chair the SI oversight Group. • Maternity & Neonatal Independent Senior Advocate Service launched in January and will work with cases where an adverse incident has been identified. Referrals can be taken from services or from patients. The MNISA will be working with two trusts on the Maternity Safety Support Programme (MSSP); UHMBT and BTH. • The Maternity and Neonatal Voice Partnership guidance has been published and to address variation L&SC LMNS has commenced a benchmarking review of provision against this. • Neonatal and mortality data is not currently flagging any units as outliers, but it was noted that this data is related to the previous financial year. • In response to the findings and recommendations from the external review of neonatal mortality and babies <27 weeks being born outside a Level 3 Neonatal Intensive Care Unit (NICU). Blackpool Teaching Hospitals have developed an associated action plan. This is currently undergoing internal review and sign-off at Trust Board. • The LMNS are developing a clinical quality dashboard which will incorporate a suite of metrics and outcomes such as maternal death, still births and neonatal mortality on a monthly basis. The risks and challenges in the delay of the development of the dashboard is uploaded onto the ICB Corporate Risk Register. • Lancashire Teaching Hospital Trust (Royal Preston Hospital) is one of three specialist maternal medicine centres as part of the North–West Network and is developing a regional notification process including request for Maternal Medicine Network expert support for review of maternal deaths. With a retrospective review of maternal deaths being undertaken to be completed by March 2024. David Blacklock commented on the Maternity & Neonatal Independent Advocacy service and raised concerns that the title of this service implies and describes an independent advisor, but this role is employed by the ICB so would not be a completely independent service for families to access and asked or consideration to be given to how more independence could be built into this role. David referenced the service which had been commissioned by an ICB in the Northeast which was outside of the NHS. Sarah responded to David and noted that they are due to meet in the coming weeks and can discuss further mitigation of risks to support this role to be independent with Sarah providing an update on the outcome to committee. Sarah advised that the guidance which had been received relating to the employment of this position was that it could be hosted by an ICB but would take on board any learning from the Northeast should further funding be received for the continuation of the role. Roy referenced the associated action plan at BTH further to the external review of neonatal mortality and babies <27 weeks being born outside a Level 3 Neonatal	**SOB**

	Intensive Care Unit (NICU) and raised concerns that this action plan appeared to be taking an extended period to be signed off. Sarah commented that she would liaise with colleagues at BTH and bring back to the March quality committee. Arif commented on the numbers of neonatal deaths reducing but had concerns that some of the areas which have been raised as part of the review appeared to be what would be considered as basic areas of care and would like to see that these are being undertaken. Sarah O'Brien noted that the high levels of sickness in maternity relating to the mental health of staff was raised at a recent NHSE assurance meeting and members requested that this should be referred to the ICB People Board as to how the ICB can support these staff members from a well-being perspective. Kathryn commented that the data which is available is poorly coded for sickness absence as this didn't differentiate between work related stress or personal stress. Sheena commented that it would be helpful in moving forward to look at maternal mental health through the provided mental health report. **RESOLVED: That quality committee members noted the content of the report.**	**SOB**
7.	**Risk:** - **Risks and Escalations** - **Emerging Provider Risks** Claire Lewis spoke to the circulated paper which provided details to ensure that quality committee members are fully sighted on emerging risks/escalations across Lancashire and South Cumbria and highlighted: • UHMBT alerted the ICB to a Never Event occurring on 18th January 2024, which related to two patients with the same first name who both attended for a laser procedure. Unfortunately, patient 1 was misidentified and received treatment to the incorrect eye but assurances were provided that immediate actions have been put in place to ensure patient ID checks are carried out in line with Trust policy. • The ICB have been notified of a Prevention of Future Deaths notice issued to LTH by the South Manchester Coroner. The notice relates to the sad death of a young man who suffered a pulmonary embolism 13 days post-surgery. Concerns were raised in relation to LTHT not following the Trusts discharge processes and a lack of risk assessment following the declining of VTE prophylactic treatment. Kathryn advised that a workshop had taken place on how learning can be increased from incidents and never events, at which several suggestions were provided as to how this can be escalated, and a process will be established to be able to share key themes and test these to see a decline in incidents and never events across providers. Kathryn noted that she will bring the learning to committee in March 2024. Sarah O'Brien commented on the challenge relating to discharges and whether the workshop outcomes recognised the element of staff fatigue in never events which Kathryn confirmed. Claire confirmed that after a number of issues had been highlighted nationally re discharge information, she was reinforcing the importance of this to onward care, with provider through their quality contract meetings. David Blacklock reiterated the need for members to be assured that learning is taking	**KL**

	place from the never events and incidents. Kathryn agreed to contact David outside of the meeting to provide assurance and context. **RESOLVED: That Quality Committee members receive the report, noting the actions being taken to mitigate.**	**KL/DB**
8.	**<u>Positional Update - Patient Safety Incident Response Framework</u>** Kathryn Lord spoke to the paper which provided an update on the progress Lancashire and South Cumbria have made and outlined plans that all secondary care, mental health and ambulance service providers have implemented PSIRF. Kathryn drew members attention to section 2.2 which advised that further to UHMB presenting their business case for a central investigation team to their trust board that this had been rejected and a further revised business case was taken to their board in February 2024 which was subsequently approved. Members were asked to review and approve the proposal which covered: • Existing staff will be trained in line with the patient safety investigation curriculum. • PSIRF National Priorities – Patient Safety Incident Investigations (PSII's) to remain the same with up to 24 PSII's completed. • PSRIF Local Priorities – proposed reduction in PSII reporting from 5 per priority as follows: o 4x Delayed recognition of a deteriorating patient. o 3x Delayed, missed or incorrect cancer diagnosis. o 3x Missed or incorrect administration of Parkinson's medications resulting in harm (within the Trust's care). o Thematic review of TTO missed or incorrect administration of Parkinson's medication resulting in harm. o Pausing of PSIRF local priority – Transfer of a frail patient that has the potential to cause harm. This is being linked to Quality Improvement schemes. **RESOLVED: That Quality Committee members approved the content change as outlined in section 2.2 of the paper.** Kathryn referenced the work which is being undertaken to support the development of a collaborative PSIRF plan and policy for the nine local Hospices by reviewing baseline plans and policies submitted by the Hospice collaborative. Section 2.7 and 2.8 of the paper were highlighted to members which detailed how the ICB would work with smaller providers. The flow chart within the paper detailed the process be to be taken and LSC ICB would be the lead organisation, noting that conversations are still taking place with primary care. Elaine noted that the providers who have high reporting are not included within the flow chart, which Kathryn would clarify with the team. **RESOLVED: That Quality Committee members approved the process to be undertaken with smaller providers by the ICB subject to clarification on the providers who have high reporting.** Concerns were raised regarding the backlog of serious incidents as to what action can be undertaken to mitigate this. Kathryn agreed to bring further detail back to committee in March 2024.	**KL** **KL**

9.	**<u>All Age Continuing Care (AACC) and Individual Patient Activity (IPA)</u>** Sarah advised members that this report is submitted to provide an update and assure the committee on the plans in place to: improve the quality of the service; improve performance; and mitigate against financial risk noting: • The Quality Premium (QP) is currently at 72% (Target 80%, previous range of 38% - 60%) for week beginning 5 February 2024 and the service is on target to meet the trajectories agreed with NHSE by the end of Q4. • Feedback has been received about how much the process and quality has improved for children and young people, no longer a backlog and the communication has improved significantly. • There is confidence that the QIPP target will be achieved by year end. David Blacklock acknowledged the transformation of the service which should be commended, with Sheena further expressing the committees thanks to the team who has worked on this as and achieved a large transformation. Members noted that there are financial issues which the Finance and Performance committee review with quality committee having oversight. **RESOLVED: That Quality Committee members noted the content of the report.**	
10.	**<u>Update on Fragile Services</u>** It was agreed to defer this item to the March 2024 agenda with the slides provided by David Levy being circulated to members with the papers. **RESOLVED: That Quality Committee members agreed to defer the item to March 2024.**	
11.	**<u>Patient Story/Experience</u>** The patient story was circulated to the committee in advance of the meeting, in order that comments could be provided for themes to be formulated in readiness for the committee meeting. The story this month related to the pressures of the cost-of-living crisis and the impact on Health and Well Being and the key themes were noted: • The understanding of local communities and support that may be required is essential. • The support that is needed is multifaceted including social care, LA, voluntary sector and health. • Having effective signposting to ensure that all professionals/volunteers know how to help people and where to direct them to (every contact counts). • The interdependence of agencies to work together because the impact of living in a cold house, not eating, social isolation etc… has an impact on physical and mental health. • Moving funding from treating illness to prevention is difficult but early intervention and prevention can have enormous impact. The ICB have escalated the risk around the impact of cost of living to the Board Assurance Framework. This is currently in the process of being reviewed and the current	

	risk stands at a score of 16. Kathryn had produced a document which identified the risk and the actions that are associated with it for the ICB, recognising that there is limited impact that the ICB can have on the cost-of-living crisis. This document would be circulated to members which included mitigations of: • Investment of a £1m Population health investment Fund, in collaboration with public health teams in each place, to support community initiatives. • Working closely with public health teams via the public health Collaborative at a system level and in each place to develop local initiatives. • Investing in the Priority Wards deep dive work to understand and then to articulate the reality facing our communities and the impact on costs within the health system. • Investing in the enhanced health checks approach which specifically funds PCNs to reach people who would not independently attend NHS health checks. • The ICB have invested funding in Health Inequalities Clinical Leads in each PCN. • Promoting the use of the health equity weighted funding formula for allocation of funding more broadly across the ICB Arif referenced the requirement to ensure that health colleagues are linked to the initiatives which are taking place through council schemes for the local population including the support which voluntary sector organisations can provide. Members noted that the cost-of-living crisis will impact on staff as well as patients and that tackling health inequalities must be at the forefront of everything we do. ***Joe Hannett and David Blacklock left the meeting.*** **RESOLVED: That Quality Committee members noted the mitigations being implemented to address some of the issues highlighted through the story.**	
12.	**<u>Non-Medical Prescribing Policy and Flow Chart</u>** Andrew White presented the paper to members which related to the amendments to the Misuse of Drugs Regulations (MDR) 2001 resulting in the authorisation of various Allied Healthcare Professionals (Paramedic and Therapeutic Radiographer Independent Prescribers) to prescribe certain controlled drugs. The regulations came into force on 31st December 2023. Noting that because of the amendments made the ICB Policy for Non-Medical Prescribing in General Practice required updating. Minor amendments have been made to the scope of practice table to better reflect the roles and responsibilities undertaken in primary care, and to support supervisors in ensuring non-medical prescribers are declaring competencies that are relevant to their job role/description. Members had sight of the full revisions to the policy which were included in the circulated revision table at appendix 1a. **RESOLVED: That Quality Committee members approved the updated version of the Non-Medical Prescribing Policy and Flow Chart.**	
14.	**<u>Committee Escalation and Assurance Report to the Board</u>** Members noted the items which would be included on the committee escalation and assurance report to the Board.	

	RESOLVED: That the Quality Committee note that a report will be taken to ICB board.	
15.	**<u>Items referred to other committees</u>** • Primary Care Commissioning Committee relating to each GP practice not having a lead on infection, prevention and control issues (IPC Champion), in order to seek to understand why this is not in place at every practice and whether as a result of this there is any detrimental impact. • Primary Care Commissioning Committee to advise as to when the quality committee will be required to look at assurances for the Pharmacy First service. • ICB People Board with the request surrounding how can encouragement be given to staff to have their vaccinations to protect themselves and the people/communities we serve. • ICB People Board relating to the levels of sickness in maternity associated with mental health.	
16.	**<u>Any Other Business</u>** The Pharmacy First service was referenced with an ask for Primary Care Commissioning Committee to advise as to when the quality committee will be required to look at assurances.	
17.	**<u>Items for the Risk Register</u>** Nothing was asked to be included in the risk register from this meeting.	
18.	**<u>Reflections from the Meeting</u>** Was the committee challenged? Making a difference? Members agreed that there had been challenging discussion and the discussions and agreement to refer to other committee will assist with making a difference. **RESOLVED: That the Quality Committee note the comments made.**	
19.	**<u>Date, Time and Venue of Next Meeting</u>** The next meeting would be held on Wednesday, 20 March 2024 at 1.30pm, Lune Meeting Room 1, ICB Offices, County Hall, Preston.	