



Report to:	Integrated Care Board
Date of Meeting:	11 January 2023
Subject:	Report of the meeting of the Quality Committee held on 8th December 2022
Director Sponsor:	Mark Chamberlain, Chair, Quality Committee
Author:	Teresa Fenech, Executive Director of Nursing and Quality

STATUS OF THE REPORT: *(Please click on the appropriate box)*

Approve Discuss Assurance Information A Regulatory Requirement

SUMMARY OF REPORT:

The report is a summary of the meeting of the Quality Committee held on 8th December 2022.

RECOMMENDATIONS:

Members are asked to:

- I. Note the report and the items that were discussed for the purposes of providing assurance.
- II. Discuss any items that require further clarification
- III. Agree to the delegation of the sign off of CNST returns to the Director of Nursing & Quality following completion of LMNS confirm and challenge meetings and sign of by individual Trust Boards.

ICB STRATEGIC OBJECTIVE	
Realising our vision	<input type="checkbox"/>
Improving outcomes in population health and healthcare	<input checked="" type="checkbox"/>
Supporting broader social and economic development	<input type="checkbox"/>
Tackling inequalities in outcomes experience and access	<input type="checkbox"/>
Delivering our operational plan 2022/23	<input checked="" type="checkbox"/>
Developing our ICS	<input type="checkbox"/>



IMPLICATIONS	
Finance	NA
Quality	Areas for development to assure quality assurance functions that are the responsibility of the committee.
HR	
Legal / Regulatory	Regulatory implications and statutory implications across a range of functions.
Data Protection / IG	NA
Health inequality / equality	NA
Conflict of Interest Aspects	None
Sustainability	NA

ASSESSED RISK:

MONITORING AND ASSURANCE:

Mitigation

ENGAGEMENT:

REPORT EXEMPT FROM PUBLIC DISCLOSURE No Yes

If yes, please detail the specific grounds for exemption



1. Introduction

The Quality Committee has been established to provide the ICB with assurance that it is delivering its functions in a way that secures continuous improvement in the quality of services, against each of the dimensions of quality set out in the Shared Commitment to Quality and enshrined in the Health and Care Act 2021. This includes reducing inequalities in the quality of care.

The Committee exists to scrutinise the robustness of, and gain and provide assurance to the ICB, that there is an effective system of quality governance and internal control that supports it to effectively deliver its strategic objectives and provide sustainable, high-quality care.

The Quality Committee met on 8th December 2022 and was quorate. Agenda items included:

- Governance
 - Review of Terms of Reference (TOR)
 - ICB Policies – Standing agenda item – there were no policies for approval at this meeting.
 - The Winter BAF
 - Deep Dive – Liberty Protection Safeguards
- Quality Matters
 - Legacy Serious Incidents
 - Data reports – focus on NRLS
 - Place Quality Meetings
 - Maternity
 - Significant Issues
 - Moorview
 - Southlands
 - TEWV - publications
 - York & Scarborough FT Reports – Section 31
 - Hull University FT Reports – Section 31
- Strategy
 - Closed Cultures Assessment tool

2. Governance

Amendments to the Terms of Reference were approved.

A presentation was received outlining the approach in place to deliver the winter plan and associated reported standards.

The committee were assured that the processes in place for oversight of delivery of the winter BAF were adequate and appropriate, given the stage of development of the ICB.

3. LPS/DoLS

The ICB Quality Committee on the 1 July 2022 was made aware of concerns about the implementation of Liberty Protection Safeguards.

An underlying risk for the ICB is the differing levels of legal literacy across our system workforce and the application and approach to the Mental Capacity Act. The ICB currently



has responsibility for a significant number of Community Deprivation of Liberty authorisations with significant backlogs across the ICB. These are often complex cases which can meet with resistance from patients or their family who feel that the Court process is an interference with already established arrangements.

The process of assessing capacity can be challenging especially in cases of fluctuating capacity or complex presentations when support from Mental Health Services or Primary Care is required and they are managing competing priorities.

The paper presented to the quality committee set out:

- There is a clear appetite across the system for clear and bespoke training for partners which can be delivered from the ICB in house legal resource in the main (supported by Local Authority legal services colleague). Where this training needs to be commissioned from external sources it is felt there is benefit in doing this collectively and sharing the cost.
- The need for a clear training plan, workforce strategy and better understanding of the application of MCA which would mitigate much of the risk to the ICB of causing harm to those who would require a DoL or LPS authorisation; overprescribing care and therefore preventing the individual from the possibility of leading an independent and meaningful life; overspending on legal support within the Court of Protection arena; the risk of challenge under the Human Rights Act; the risk of overspending on CHC packages of care due to a too protectionist approach being applied to those lacking Mental Capacity.
- A proposal to establish an ICB Task and Finish Committee in relation to MCA, Deprivation of Liberty Safeguards and LPS implementation which will also oversee this risk and provide possible support and further mitigation.

The Quality Committee:

- Received assurance about current ICB MCA and community DoL authorisation processes along with the current plans for LPS implementation.**
- Agreed to establish a Task and Finish Committee and agreed the Terms of Reference for, in relation to MCA, Deprivation of Liberty Safeguards and LPS implementation**
- Requested an overarching strategy to support the establishment of a consistent and mature approach to the application of the Mental Capacity Act 2005, applications for Community DoL authorisations and overall legal literacy related to these areas of practice.**

4. Quality Matters

The Quality Committee held in July received the handover of quality issues from each CCG. The Quality Committee is keen to ensure that legacy quality issues are addressed. The committee received a report into the progress on closure of open Serious Incidents from the handover.

Place/s	1 st July	30 th Sept	30 th Nov	New from 1 st July
Hull and East Riding	182*	45	20	98



N Lincolnshire	44*	35	28	33
NE Lincolnshire	64	55	54	26
N Yorkshire and York	207	123	68	129
Totals	497	258	170	286

Future reports will address the learning from such incidents.

The quality committee noted the progress on closure of legacy incidents and received comments on a draft reporting template will be utilised for the next meeting.

5. National reporting & Learning System (NRLS)

NRLS is a central database of patient safety incident reports. Any member of staff can submit an incident report (Datix). There does not need to be a decision about the status of an incident and whether it meets the threshold for an SI, as such it is a very useful source of data for near misses as well as more serious incidents.

The tables below provide an analysis of data from NRLS for both acute and mental health providers – TEWV is not included as they sit within NENC and not Yorkshire & Humber. Future reports will include TEWV data extracted from the NENC report.

Acute Trusts

	Rate per 1000 bed days	%age mod/severe/death
National	54.89	2.6%
Harrogate	95.20	3%
York	48.37	2%
NLAG	72.67	2%
HUFT	54.96	3%

Mental Health Trusts

	Rate per 1000 bed days	%age mod/severe/death
National	69.1	6.3%
RDash	62.7	5.3%
Humber	120.4	3.8%

The Quality Committee discussed that in general, for NRLS data two key considerations are:

- ***Low reporting rates are a concern***
- ***High rates of moderate/severe harm or death are a concern.***

And noted that when this is applied to data for the ICB the lowest acute trust for reporting rates was York & Scarborough FT – below national average and HUTH at a national average rate of reporting but with a higher than average rate of moderate/severe/death, degrees of harm.

For mental health, Humber FT has an exceptionally high level of reporting but a lower-than-average rate of moderate/sever/death, degree of harm.

5. Place Quality Meetings



Reports were received from each Place and the quality committee:

- ***Recognised the usefulness of the inclusion of CQC data for both GP practices and Care Homes within each place and***
- ***Asked for future reports to include more information in relation to both SEND and Safeguarding activities,***

6. Maternity

The East Kent report and further progress with Ockenden were discussed at the committee as was the recently published Mbrace report looking at rates of maternal deaths. Activities already underway across the LMNS to reduce maternal deaths was identified.

A key item for discussion at the committee and subsequently for ICB board sign off is that of the CNST returns.

8. CNST process and required actions

CNST (Clinical Negligence Scheme for Trusts) has a requirement for completion of the Maternity Incentive Scheme (MIS) to obtain the approval for payment. The MIS comprises 10 parts relating to all aspects of maternity and neonatal care and links with the wider system via our Maternity Voices Partnerships (MVPs). Dates for the Year 4 submission have changed over the last year due to the ongoing difficulties in staffing support but the final confirmed date is that of 2nd February 2023.

[Maternity incentive scheme - NHS Resolution](#)

The LMNS have a programme of ongoing support and monitoring of the various aspects of the MIS requirement, and many of our workstreams are based around key quality achievements to ensure compliance. Within the LMNS structure Trusts are individually responsible for implementation and the provision of the evidence; this must be reviewed and signed off by individual Trust Boards prior to submission. The LMNS Core Team offer to be a critical friend with confirm and challenge meetings as part of this process.

Timescales are as follows:

- Final data collection: October 2022
- Review and quality control of that data: November 2022
- LMNS Confirm and Challenge meetings: December 2022/January 2023
- Presentation at individual Trust Boards: January 2023
- Submission to NHS Resolution: midday on 2nd February 2023

At this time it is anticipated that a fully completed submission and self-declaration of achievement will be received from HUTH and NLaG. YSTHFT anticipate submitting a fail against the requirements. HDFT have shared their current oversight document with HNY as well as WY&H LMNS; they have outstanding items from safety action one currently and are in discussion with NHSR to understand if these can be mitigated and compliance declared.

It should be noted that final submission can only be made to NHS resolution when submissions are approved by the ICB. It is requested that this approval is delegated to the Director of Nursing & Quality following completion of the confirm



and challenge meetings with the LMNS and subsequent sign off by each trust board.

9. Significant Issues

The quality committee received reports across a range of significant quality issues, discussed the actions being undertaken especially in relation to maintaining patient safety and ***gained assurance that appropriate oversight was in place.***

10. Strategy

Closed Cultures assessment Tool.

Following the Panorama expose of Edenfield services in Manchester the ICB asked for assurance regarding the proactive identification of care environments at higher risk of such poor practices. The closed cultures assessment tool has been developed in response to this. The quality committee felt that the tool as developed provided a good basis for proactive assessment of individual services and also provided opportunities to:

- share good practice across Provider Collaborative membership
- improve triangulation of closed culture metrics with agreed patient safety, patient experience and staffing metrics
- develop a Humber and North Yorkshire peer review process across member organisations
- Prioritise how we record training compliance for BILD accredited training and triangulation with outcomes for restrictive interventions.
- Develop a Community of practice across organisations for Ward Managers and Matrons
- Further develop autism training, building on the foundations of the Oliver McGowan training roll-out

11. Summary

The committee continues its journey to maturity but progress is starting to be made.