



Agenda Item No:	10ii
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Report to:	Integrated Care Board
Date of Meeting:	12 July 2023
Subject:	Report of the meeting of the System Quality Group held on 8 June 2023
Director Sponsor:	Teresa Fenech, Chair, System Quality Group
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: *(A short summary of the key points set out within the report)*

The report is a summary of the meeting of the System Quality Group held on 8 June 2023.

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

ICB STRATEGIC OBJECTIVE *(please click on the boxes of the relevant strategic objective(s))*

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"/>

Report of the Meeting of the System Quality Group 8 June 2023

Introduction

The System Quality Group was established as a forum to escalate issues, describe mitigations, gaps, and actions and to provide assurance to the ICB Quality Committee that it is delivering its statutory functions in a way that secures continuous improvement in the quality of services, against each of the quality dimensions set out in the Shared Commitment to Quality as per the Health and Care Act 2021 including reducing inequalities in the quality of care.

The Group exists to scrutinise the robustness of, and provide assurance to the ICB Quality Committee, 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 System Quality Group met on 8 June 2023 and was quorate. The following areas were discussed:

- Place Based risks, issues, improvements and learning
- Significant quality concern
- Providers in Quality Improvement Group status
- Feedback from partners and collaboratives
- Summary of systems risks and actions identified.

Overview of current quality "placed based" risks/issues, and improvements

Common themes, key messages, and escalations for all six places which included:

- a. Impact of system pressures: Urgent and Emergency Care. Places continue to see quality and safety impacts of ongoing urgent and emergency care pressures despite extensive system support.
- b. Workforce risks continue to be one of the biggest challenges at Place.
- c. The cost-of-living crisis - more families and people living in poverty with an increased risk of poorer outcomes and ill health.
- d. The impact of industrial action.

Key messages and escalations raised by Place (out with themes):

- a. Hull - SEND - Increase in Children and Young Peoples referrals for ADHD and Autism assessment with referrals exceeding existing assessment capacity. Referral backlogs for assessment have increased across Hull ensuing with CYP waiting for diagnosis and specialist/tailored support. Support and monitoring from NHSE and DfE are in place since the Hull SEND re-inspection in October 2019.



- b. Paediatric Audiology pathways remains a risk across the Northern Lincolnshire subsystem, work continues with specialist support via national experts.
- c. North Lincolnshire remain focused on prevention and longer-term solutions and not deploying all resources into reacting to the 'hot topics' of today such as UEC pressures. The ability to release resources to ensure both reactive and proactive programmes of work are managed is essential.

Key Messages and Escalations (quality):

Continued challenges across UEC and discharge pathways impacting on patient pathways, safety, and experience of services:

- a. Ambulance pressures and handover delays
- b. Increase in 12hr trolley waits and delays in ED department
- c. Acuity of patients reported to be greater in hospital and across community services.
- d. Challenges in discharging patients from acute service - high NCR numbers, increasing numbers of patients with complex needs requiring packages of care affecting flow.
- e. Significant volume of patients requiring care hours and community placement - packages of care, residential care, supported living.
- f. Reduction in capacity nursing beds, closures, and impact of resilience of market.
- g. Harm attributed to patients waiting for assessment and treatment.

Significant quality concerns/challenges:

A number of quality concerns and challenges across the system were discussed.

Providers – Quality Improvement Groups

Feedback on progress with the Quality Improvement Groups was discussed.

It was noted that North Lincolnshire and Goole NHS Foundation Trust has transitioned to segment three of the NHS Operating Framework, thereby exiting the recovery support programme.

Healthwatch Reports:

Reports were received from Healthwatch across the ICB and the issues discussed.

Maternity Voices Partnership (MVP)

A Maternity and Neonatal Summit was held in March 2023. The focus of the Summit was about the importance of listening to women and families, ensuring their voices are heard and taking action to drive improvement.

Updates from the ICS Collaboratives

Acute Provider Collaborative – the four acute providers are working at scale and have agreed the following work:

- Clinical programmes, including elective recovery and long waiters, out-patients and follow up appointments.
- Clinical support programmes which include workforce, digital, health inequalities, learning disability and autism and children and young persons.
- Diagnostics is an area of focus with the development of diagnostic center's using significant funding to develop estates.

Mental Health and Learning Disability Collaboratives – safe and wellbeing reviews of learning disability and autism patients in hospital are ongoing; the capacity of case workers is being monitored. An escalation process is now in place. Information regarding the national inpatients transformation programme is awaited. Discussions were held regarding the quality governance framework, adult services for eating disorders and the pressure on CAMHS service.

Community Collaborative – a stock take is ongoing for palliative and end of life care. It was noted there is variation in the six places and work is ongoing to resolve issues. An AHP workforce workshop has been held and outcomes will follow.

Primary Care Collaborative –

- Work is ongoing to refresh the primary care strategy and the outcome will be discussed at a future meeting of the SQG.
- Dental services - assurance was given that the ICB will look at trying to claw back where contracts are not being fully commissioned. Work is ongoing with the local dental committee regarding patient access to services and to improve digital methods in practices.
- The ICB receives delegated authority for pharmacies from 1 April 2023.

Summary

System risk areas identified, and actions being taken:

Urgent & Emergency Care

Action in train: Comprehensive, overseen by UEC board and supported by Collaboration of acute providers.

Possible gaps in actions required: Clinical & nursing management of very long trolley waits – evidence of increased mortality with trolley waits of 5 hours + and Clinical & Nursing management of NCTR patients – evidence of deconditioning resulting in increased morbidity, increase LOS and increased levels of support required.

Resource opportunity: IRIS and / or in year QI resource supported by providers, AHP leadership post.

Maternity

Action in train: LMNS work programme in line with national expectations

Possible gaps in actions required: National MSSP but also need for.

Cultural change programme in keeping with East Kent report.

FGR/RFM & Induction protocols

Maternity capacity & management of risk

Resource opportunity: IRIS and / or in year QI resource supported by providers and Director of Nursing Professional Development & Director of Midwifery

Clinical Indicators of harm common across providers such as IPC/Falls/PU*

Actions in train: PSIRF implementation and providers individual focussed work programmes

Possible gaps in actions required: Opportunity for common actions / learning & sharing to develop enhanced solutions

Resource opportunity: Community of practice across all providers with support from identified QI resource.

Initial Health Assessments capacity & resulting delays.

Actions in train: In some places there are reported delays in undertaking IHAs which should be completed within 20 days of referral. We are working to identify what the delays are and the variation across all 6 places in meeting the statutory 20-day requirement.

Possible gaps in actions required: Need to review:

- Total capacity and identify causes of shortfalls.
- Costs associated with IHAs (evidence suggests that we are not paying national tariff in all cases, and this is impacting on availability of resource.)
- Plan to recover position to meet statutory requirement.

Resource opportunity: Nursing and Finance Directorates.

SEND

Actions in train: Capacity gaps being identified in commissioned services, particularly against the new framework recently published. Allied to this there are delays in CYP accessing neurodevelopmental assessments due to capacity gaps.

Possible gaps in actions required: Need to undertake comprehensive gap analysis for both and develop a plan to address the gaps in commissioned services / capacity.



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Resource opportunity: Nursing & Place teams.