



Agenda Item No:

11

Report to:	Humber and North Yorkshire Integrated Care Board
Date of Meeting:	8 November 2023
Subject:	Quality Update
Director Sponsor:	Teresa Fenech, Executive Director of Nursing and Quality
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:

An update is provided on the following:

1. Place assessment following Patient-Led Assessments of the Care Environment (PLACE) – slides will be presented in support of the brief and appended at AP1.
2. A summary report of Quality Committee meeting held on 31 August 2023.
3. A summary report of the System Quality Group held on 12 August 2023.

RECOMMENDATIONS:

Members are asked to note the contents of the update reports.

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

Managing Today	<input checked="" type="checkbox"/>
Managing Tomorrow	<input checked="" type="checkbox"/>
Enabling the Effective Operation of the Organisation	<input checked="" type="checkbox"/>

IMPLICATIONS *(Please state N/A against any domain where none are identified)*

Finance	N/A
Quality	Yes
HR	N/A
Legal / Regulatory	Yes

Data Protection / IG	N/A
Health inequality / equality	Yes
Conflict of Interest Aspects	N/A
Sustainability	N/A

ASSESSED RISK:

N/A

MONITORING AND ASSURANCE:

Quality Committee

ENGAGEMENT:

Directors of Nursing; Programme Leads; Partners and collaboratives as part of SQG/QC.

REPORT EXEMPT FROM PUBLIC DISCLOSURE

No Yes

If yes, please detail the specific grounds for exemption.

1. Place Assessments

INTRODUCTION

Slides will be presented in support of the brief and is appended at AP1.

An update is provided on Patient-Led Assessments of the Care Environment (PLACE); an annual appraisal of the non-clinical aspects of NHS and independent/private healthcare settings, undertaken by teams made up of staff and members of the public (known as patient assessors). The team must include a minimum of 2 patient assessors, making up at least 50 per cent of the group.

PLACE assessments provide a national framework for assessing quality against common guidelines and standards in order to quantify the facility's cleanliness, food and hydration provision, the extent to which the provision of care with privacy and dignity is supported, and whether the premises are equipped to meet the needs of people with dementia or with a disability.

The enclosed slides provide the outcomes of the assessments for providers across the ICB. The results are not comparable to previous years due to a revision of the assessment framework at a national level in 2019 and subsequently the impact of COVID. These assessments were conducted in 2022.

2. Quality Committee on 31st August 2023

1. Introduction

The report is a summary of the meeting of the Quality Committee held on 31 August 2023. 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 31 August 2023 and was quorate.

Agenda included:

Governance - details in item 3

- Patient Safety Update - Maternity
- ICB Patient Safety Incident Response Framework (PSIRF) Implementation
- Quality Statutory Function - Domestic Abuse (Serious Violence)
- Special Educational Needs and Disabilities (SEND) - update
- Annual Report - Complaints
- Risk Management Board Assurance Framework (BAF)
- ICB Quality Committee Policies:
 - Clinical Policy Review Group Terms of Reference (ToR) and delegation arrangements
 - Updated Policy due diligence

Quality Matters – details in item 4

- Healthwatch update to include themes and issues
- IPC C.difficile infection (CDI) and MSSA bacteraemia across the country
- Place Quality Meetings: (by exception)
- Providers Quality Report (including those in Quality Improvement)
- Significant Issues by exception:
 - Audiology Paediatrics
 - Comforting Hands Recruitment Limited
- Any other business: Lucy Letby (Countess of Chester NHS Foundation Trust)

2. Governance

Patient Safety update - Maternity

Summary and recommendations:

Members were asked to note the content of the report shared as part of the meeting pack and were updated on the current status of the ICB's Local Maternity and Neonatal Services (LMNS) programme, specifically against the requirements in the three year plan. Ongoing risks which the Committee were asked to note were also highlighted. This

included but was not limited to that the transition ensures the LMNS programme supports ICB assurances and drives quality improvement in terms of overall services women and babies are receiving. Focusing on risks in this way is the first time in terms of patient safety and is integral to the quality assurance processes under the remit of the Quality Committee.

Key risks outlined included but were not limited to:

- Workforce capacity/provision/training.
- Recent CQC assessments of Inadequate against two Trusts.
- Delayed implementation of the Maternity IT System.

Decision:

Members noted the contents of the paper and were assured that the LMNS strategic work plans continue to meet the requirements of the 3-year delivery plan, including but not limited to additional assurances in terms of current requirements relating to achievement of local, regional and national standards; with the review of governance, risk escalation and wider engagement being underway in support.

In addition and due to the recent Lucy Letby case, it was agreed further consideration of a new risk in terms of Maternity be considered for Board Assurance Framework purposes.

ICB Patient Safety Incident Response Framework (PSIRF) – Implementation

Summary and recommendations:

Members were reminded a paper had been shared as part of the briefing pack and an update was provided which set out the progress of the ICB's implementation of the Patient Safety Incident Response Framework (PSIRF), in particular that policy development, communication and training planning in underway.

This report outlined several points including but not limited to:

- arrangements put into place to discharge the ICB's responsibilities around PSIRF and the intention to provide a regular report to the ICB's Quality Committee to ensure oversight and assurance can be obtained;
- a summary of the Integrated Care Services' position on the implementation of PSIRF in its providers of NHS care.

Key next steps were noted which included but are not limited to:

- Providers will present their plans for sign off during September and October; it was confirmed two organisations have already had sign off at Quality Committee. Members were asked to note that a possible virtual ratification of plans may occur due to being out of sync with the policy group and Quality Committee.
- It was noted Teresa Fenech has delegated authority as part of the PSIRF group to ensure implementation is not delayed.
- It was noted that key risks highlighted are overseen and managed through the PSIRF group. The Terms of Reference submitted for approval supports this.
- The new risk discussed under item 7 in relation to maternity and implications across the system would need to be built into PSIRF processes during implementation. In support it was agreed that provider implementation plans would come to the October Quality Committee and the new risk built into the implementation i.e the committee review what the PSIRF group signs off to see if there is anything the committee

would add.

- The PSIRF Group is developing a Patient Safety Partner proposal which will be submitted at the next Executive Committee.

Members were asked to:

- note the content of the report;
- confirm assurance on the progress made by the ICB and its providers of NHS care in the implementation of PSIRF;
- approve the Terms of Reference (ToR) for the ICB PSIRF Group.

Decision:

Members confirmed assurance of progress and approved the ToR.

Quality Statutory Function - Domestic Abuse (Serious Violence)

Summary and recommendations:

Members were directed to papers shared with the meeting pack and updated that, in line with relevant legislation and statutory duties, the legislative and strategic framework for tackling Domestic Abuse and Serious Violence (DASV) was in development in support of reducing the impact DASV has on the Health and Care system and on individuals.

Working with wider system partners was underway including but not limited to working with other Specified Authorities within the NHS.

Members are asked to:

- note progress made against statutory duties in relation to DASV and the proposed planned activity for 2023/24;
- receive further updates on the progress of this work as part of the committee work plan.

Members welcomed the update and it was acknowledged that evidence supports that DASV mainly happens in healthcare settings with no clear guidance in place for those impacted in terms of where support sits.

Training and development requirements to ensure staff competency was a key focus in terms of how the committee is assured and it was confirmed planning workshops are due to take place in the coming months. Arrangements are currently being mapped with support from the ICB, safeguarding and provider leads, including community provider leads. Outputs will support the development of a plan of DASV routes and will ensure assurance is forthcoming in terms of reporting lines; which will include but is not limited to articulating progress against planning both during and following conclusion.

It was acknowledged that there is a primary care representation gap and an action to fill this gap was agreed.

A specific acknowledgement to the contributions made by the Voluntary Community and Social Enterprise (VCSE) collaborative was given during the meeting and assurance provided that it would continue to remain strong to ensure long term sustainability over 3 years.

Decision:

Members were assured of progress being made and it was requested that in order to support the statutory function of the committee, report frequency to be built into committee forward planning; updates to be provided on a six monthly basis.

Special Educational Needs and Disabilities (SEND) – update**Summary and recommendations:**

Members were directed to several papers shared as part of the meeting pack including a training strategy and a Special Educational Needs and Disabilities (SEND) committee ToR. A brief update was provided in terms of three specific areas of SEND across the six places within the ICB as follows:

1. Workforce competency and training for SEND in line with legislation and NHS England guidance.
2. The implementation of a HNY ICB SEND committee to provide the ICB with assurance of correct discharge of statutory requirements and continual quality improvements.
3. Outline the findings and recommend further scoping of ICB, NHS England, key lines of enquiry (KLOE) for clinical interventions in educational settings.

A presentation was provided and members are asked to:

- approve in principle the implementation of mandatory SEND training across NHS providers and partners within HNY ICB, in line with legislation and NHS England guidance.
- approve the terms of reference (ToR) for the inauguration of a Humber and North Yorkshire ICB SEND Committee, as a subgroup to the ICB Quality Board.
- note the findings of the submitted NHSE KLOEs and approve the recommendations to further scoping of clinical interventions in educational settings for SEND.

The presentation elaborated and included but was not limited to:

- Legislation for SEND e.g Equality Act 2010.
- The current ICB position.
- Assurance provided that the workforce development plan links to the SEND planning.
- Sally Newsome to commence in her role of ICB SEND Lead on 1st October.
- Further updates to be brought to the committee as requested.

Members welcomed the update and the speaker welcomed the feedback which included but was not limited to ensuring further consideration given to training in terms of Mandatory and Statutory Training expectations i.e that expectations are managed to ensure acute staff impact kept to a minimum.

It was noted the Quality Committee is not the deciding committee in terms of operational activity.

Decision:

Members welcomed the update.

- The ToR was approved.
- Agreement to include regular updates on KLOEs in terms of reporting and format i.e regular reporting at each committee with six monthly deep dives.

Annual Report – Complaints

Summary and recommendations:

Members were provided with and welcomed the update in support of the Complaints Annual report submitted with the meeting pack. Members were invited to review the report and raise queries by exception whilst being directed to several areas, in particular the transition from 6 Clinical Commissioning Groups (CCGs) to working to one system.

The report set out areas of compliance in order that the committee could be fully assured of their duties; including but not limited to it being inclusive of all requirements set out in the '*The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009*' and aims to assure the committee of their compliance with this and, Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities): receiving and acting on complaints.

Members were also provided with assurance of continuing to provide a professional, front facing experience offer to the ICB population into the 2023/2024 period, including but not limited to themes captured in terms of the team striving to:

- Agree a reporting structure and timeline that will provide useful intelligence to the Executive Team and Place leads.
- Ensure communication lines to the public are clear including on the ICS website and on how best to access support for concerns, complaints, and compliments.
- Fully implement a single recording system and develop effective systems and processes for responding to contacts to ensure learning continues.
- In support of understanding provider complaints better, York Place will pilot with their local partners, via the Place Quality Group, to gain the experience intelligence held by them as the provider.
- In the next year the Regulatory Team will conduct a focused piece of work to understand the Continuing Healthcare (CHC) complaints and the processes around Local Resolution Meetings.

Members were asked to:

- discuss the content of the report;
- be assured of reporting in terms of the team's delivery of its statutory and regulatory duties;
- approve the report.

Decision:

Members welcomed the update and approved the report with the several caveats noted including additional caveats as follows:

- an introduction to be developed in support of the report being in the public domain.
- CQC to link better with the patient and public voice (PPV).
- Additional information to be included in support of understanding the diversity of the complaints.
- Narrative in support to understand the significance of higher rates of complaints.
- Narrative in support of the triangulation of complaints i.e from HealthWatch, CQC etc in order to better theme and understand data provided.

Risk management Board Assurance Framework (BAF)

Summary and recommendations:

Members were reminded that the Board Assurance Framework (BAF) had been shared as part of the meeting pack. The BAF included quality risks shared with Board members in July 2023. Members were reminded that a slight format change had occurred in format which supports the quality agenda i.e “*managing today and managing tomorrow*”.

Decision:

Due to the media coverage of the Lucy Letby case and the high level risk highlighted in terms of maternity, with a particular focus on freedom to speak up (FTSU) processes, it was agreed a new risk would need to be considered for BAF purposes; as noted under item 7.

Assurance was provided to members that feedback and an updated BAF would be brought to the October committee.

ICB Quality Committee Policies:

Summary and recommendations:

Members were updated on and asked to review and approve the:

- Delegation arrangements along with the updated Policy due diligence.
- Agree the updated Terms of Reference for the Clinical Policy Review Group to reflect changes outlined in the report.
- Agree proposals to streamline the decision making for outstanding clinical policy reviews and note the changes to streamline the integrated impact assessment.

Members were also asked to note:

- the change in approach to prioritisation of policies to reflect the Quality Efficiency Programme (QEP) priorities. Assurance provided that a revised project plan will be brought to a future meeting for approval.
- consider and approve the proposal to establish a clinical policy commissioning sub-group to advise clinical policy review group on operational commissioning impacts and support implementation at place after a decision has been made.

Members had been provided with the papers as part of the meeting pack and feedback was invited by exception only.

Decision:

Members welcomed the update and approved the TOR, delegation arrangements and updated policy due diligence.

3. Quality Matters

Healthwatch update (themes and issues)

Summary and recommendations:

Members were provided with an update from Healthwatch with a particular focus on feedback captured from Place engagement. Queries were invited by exception only.

A presentation was shared which provided individual place feedback with a more focused update provided which captured themes, to include but not limited to:

- GP services i.e access concerns with long calling queues and long waits for appointments including challenges with online systems.

- Dentistry i.e issues continually raised around the lack of access to NHS dentists, with many on waiting lists for years. It was also highlighted that dentistry concerns are being raised due to patients accessing private services or non-attendance.
- Hospital care i.e long waiting times at A&E: for operations, for follow up appointments and test results.

Members welcome the update and feedback was provided in support as follows:

- It was noted that there is a gap in terms of equal weight to data on outcomes, access, experience (qualitative data).
- It was confirmed the HealthWatch intelligence reaches Place Quality Groups but it was not clear if the intelligence goes wider i.e all partners.
- Acknowledgement in terms of the role HealthWatch play when it comes to the patient experience narrative with a particular focus on those difficult questions.
- Acknowledgment of the key role pharmacies plays.

Decision:

Members continue to be assured that Place Quality Groups welcome Healthwatch engagement with the public and they were encouraged to continue to strengthen working collaboratively with places to support and track recommendations to ensure good outcomes result.

IPC C.difficile infection (CDI) and MSSA bacteraemia across the country

Summary and recommendations:

Members were provided with an update and feedback invited by exception. Papers had been shared as part of the meeting pack. The update included but were not limited to:

- Whilst the national concern of rapidly increasing numbers of patients with potentially life-threatening Clostridium difficile (C. diff) infection (CDI) or methicillin-susceptible Staphylococcus aureus (MSSA) infection are not seen clearly at HNY ICB-level, some ICB providers and local systems are seeing case numbers and rates above recommended thresholds or against peers.
- Assurance that Hull University Teaching Hospital (HuTH) (for MSSA) and York and Scarborough Teaching Hospital (YSTHFT) (for MSSA and CDI) have recognised their increase in cases and have actions in place to support reduction. It is unclear to what extent partners are aware of and can currently provide support and challenge to.
- Apart from at single acute provider level, with a focus on CDI, it is also unclear to the extent that places currently understand their system healthcare associated infections (HCAI) data in its entirety, and there are a variety of relatively immature governance mechanisms in place to recognise system risks, take appropriate action to address, and provide support and challenge.

Members were provided with:

- Assurance that updates and discussion occur on Place Quality Groups.
- Robust governance continues to be strengthened in support of the breadth of infections and understanding whilst exploring data break down in terms of healthcare and community occurs e.g there is a degree of hospital associated MSSA and a surprising lack of understanding at ICB level.
- Assurance that the national concerns with regard to increased CDI and MSSA are not widespread issues across HNY ICS and that those providers with increased cases have recognised this and have action plans in place to address. No public communications are required in terms of MSSA.

- Acknowledgement that Place level governance around CDI, MSSA and other HCAI is still developing.

Decision

Members welcome the updated.

Place Quality Meetings

Summary and recommendations:

Members were provided with a detailed 4As report for each of the six Places. A number of 'alert' themes across all places were highlighted, some of which were highlighted at the last meeting. Key messages and escalations outwith themes were included.

Themes highlighted included areas of concern, mitigations, support, and actions in train. It was noted an update on providers in Quality Improvement Groups, would be provided under a separate agenda item, during the meeting.

Themes included:

- Impact of system pressures in urgent and emergency care.
- Workforce.
- Industrial action.
- Cost of living impact.
- Tuberculosis (TB) service
- Special educational needs and disabilities (SEND)

Decision:

Members continue to welcome the update and requested that updates incorporate health impacts as a result of the cost of living crisis.

Assurance provided that the 4A report is to provide a level of awareness for Quality Committee members and that any escalations are captured under remit of other governance and reporting lines, which continue to be strengthened ensuring sharing and learning is at the core.

Providers in Quality Improvement Groups (QIG)

Summary and recommendations:

Members were provided with an update and a paper shared in support of providers in quality improvement group status; with a particular focus on exit criteria and progress being made as follows:

- York & Scarborough NHSFT (SOF level 3) – exit criteria in development with a six month lead to ensure agreed criteria can be demonstrated sufficiently.
- Hull University Teaching Hospital Trust (HUTH) (SOF level 3) – exit criteria provided with the exception of maternity.
- North Lincolnshire & Goole NHSFT (SOF level 3) – progressing well.
- Tees, Esk & Wear Valley MH Trust (SOF level 3) – the ICB continues to contribute to the overall feedback to the Trust and reporting into the TEWV Quality Board.

Members are asked to note the contents of the report and raise concerns by exception.

Decision:

Members welcomed the update and requested that updates continue to be brought to the committee.

Significant Issues – updates by Exception**Summary and recommendations:**

Members were provided with an update on current significant issues i.e Audiology Paediatrics and Comforting Hands Recruitment Limited. Papers in support were shared and members invited to feedback by exception.

The update included but was not limited to concerns raised, assurance of governance in place and investigations underway.

- **Audiology Paediatrics**

Members were reminded that an update had been provided at previous Committees. The latest position indicates changes are occurring rapidly to include but not limited to:

- Additional resources in terms of clinics each weekend so that children and young people will be reassessed or assessed before 1st October 2023.
- Additional training for a specialist workforce.
- Work with public health colleagues continues.
- Soft intelligence received from families who do not wish to travel outside their area - in spite of taxi services being offered.

It was noted that good progress is still being made albeit the service is not yet in a position for NHS England to step down in terms of scrutiny.

Decision:

Members were assured of progress being made.

Comforting Hands Recruitment Limited

Members were provided with an update and a paper shared in relation to a recent situation which occurred on 1st August when concerns were raised about Comforting Hands Recruitment Ltd.

Decision:

Members welcomed the update and noted the contents of the paper. It was agreed safeguarding needs to be strengthened, in relation to staff recognising potential modern - day slavery potential risks.

Items escalated from the System Quality Group**Summary and recommendations:**

Members were asked to note that there were no formal escalations from the System Quality Group held on 10 August 2023.

Assurance was provided that there are commonalities between the System Quality Group (SQG) and the Quality Committee with the exception of the SQG having Local Authority amongst other stakeholders as part of the membership including but not limited to national bodies.

Members were reminded that any gaps, key risks and/or issues on quality and safety, along with mitigation planning in support, are fed through to board. These would include but are not limited to themes captured as part of the 4A report.

Any other business

Lucy Letby Case (Countess of Chester NHS Foundation Trust)

An update was provided on the recent Lucy Letby case, in particular in terms of the ICB response, with a particular focus on neonatal (a NHS England Specialised Commissioned Service i.e first line responsibility for quality oversight).

Matters of concern for consideration were raised as follows:

- Issues around mortality data due to time lag i.e a year after the event. As such, how confident can the ICB be that another similar situation doesn't exist elsewhere.
- Freedom to speak up (FTSU) processes be revisited to include but not limited to:
 - ensuring FTSU processes are in place and well communicated for staff to raise concerns. This is the responsibility of the Clinical and Professional remit (Nigel Wells) in terms of executive responsibility and Mark Chamberlain as the non-executive lead for FTSU.
 - Ensure providers have the correct arrangements in place in terms of quality assurance and to ensure learning is shared from guardians within providers.
 - The tightening of processes to ensure rare circumstances are caught.
 - Ensure the Humber and North Yorkshire ICB has tight processes in place and that relationships with the regional team are strengthened.
 - As an ICB arrangements are in place for independent medical examiners. It was agreed Teresa and Nigel would liaise outside of the Committee to ensure learning is captured from their findings.
 - Patient Safety Incident Response Framework (PSIRF) implementation to support to ensure the ICBs understand what is being discussed nationally.
 - Boards to understand what data is received and how to scrutinise in particular in terms of commissioned services. This should include strengthening leadership as a whole to include but not limited to training and development at board level in support of exercising proper assurance functions and confidence and understanding to scrutinise FTSU.
 - Strengthening partnership working i.e Police, Local Authorities, Safeguarding etc.
 - Organisational culture to continue to be addressed.
 - Patients to be front and centre i.e Maternity Voices Partnership (MVP).
 - It was noted that the corporate team is working to ensure the ICB adopts a Freedom of Information (FOI) type approach to ensure issues can be raised with confidence. A paper will be submitted to Board in two weeks.

Members welcomed the discussion and agreed that there needs to be a dedicated slot on the Quality Committee agenda to discuss both the Lucy Letby case and the FTSU.

3. Report of the Meeting System Quality Group

1. INTRODUCTION

The report is a summary of the meeting the System Quality Group (SQG) held on 12 October 2023. The SQG 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 SQG met on 12 October 2023 and was quorate. The following areas were discussed:

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

UPDATE

1.1 Partners

Directors of Adult Social Services (DASS)

Directors of Childrens Services (DCS)

- a. Children's Services – work is ongoing to establish a Children's Board (multi agency partnership board)
- b. The Department for Education (DFE) virtual schools project for looked after children and those children that have a social worker is ongoing to identify those children who receive speech and language therapy (SALT); it was noted that 53% of children in this cohort have a need of SALT. It is hoped that early intervention could reduce the number of children who require special educational needs (SEND) support. It was clarified this support is also offered to those children who are adopted.
- c. Hull - The waiting lists for attention deficit hyperactivity disorder (ADHD) and Autism have increased, and work is ongoing to support families whilst children are on the waiting list, particularly for those children who could possibly be suspended or excluded from school. A Department for Education (DFE) meeting is scheduled to take place to progress this work.

Healthwatch

- a. Current issues include the discharge of patients from hospital and packages of care on discharge; some issues are related to access to GP practices and care homes.
- b. It was clarified that partnership working continues to be a challenge to arrange both discharge and packages of care, for example, the lack of Social Workers to sign off care packages and this has meant many patients continue to reside in hospital for a considerable length of time collectively.

Yorkshire Ambulance Service

- a. Winter planning has commenced. It was noted there is an increase of patients with respiratory infections, and this has impacted on workload.
- b. Concerns were noted that call centre staff are not eligible for COVID19 vaccinations, and this could impact on call centre activity should an outbreak occur. YAS are currently attempting to get the JCVI guidance updated.

1.2 Collaboratives

Acute Collaborative

- a. Elective long wait numbers are currently 105 patients waiting 65 weeks wait. No patients in the 78 weeks' wait cohort have been affected by industrial action.
- b. The Waiting Well board has been re-established and is focussing on patients with learning disabilities who are on waiting lists.
- c. Communications with partners are ongoing regarding this cohort of patients. There are "flags" within the emergency department's systems to ensure staff are aware and support those patients accordingly.

Mental Health (MH) Learning Disability (LD) and Autism (ASD) Collaborative

- a. 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.
- b. Information regarding the national inpatient's transformation programme, is awaited.
- c. Discussions were held regarding the quality governance framework, adult services for eating disorders and the pressure on child and adolescent mental health services (CAMHS) service.

Community Collaborative

- a. National Frontrunner (Optica) – for Hull and East Riding data flows for acute and community on track to deliver by the end of October with some minor risks being managed. Online training sessions are open and face to face sessions are being planned. The system will be directly accessed by the discharge hub (community, local authority) with wider access to ward assistants and base ward clerks planned in the next phase. These teams will interact with other partners with a view to further roll out after a period of operation.
- b. Frailty – direction of travel to look at frailty centre of excellence for Humber and North Yorkshire building on good practice and ensuring that this is robustly shared systemwide – this will encompass single point of access; 2UCR; virtual wards; proactive care; research and development (R&D) and education and training.
- c. Wound Care – Highlighted as a QEP opportunity across the system. CHCC have circulated a stocktake template to place and providers to understand some basic questions i.e., how are products purchased; what systems are used; are there any local pieces of work in place; what staff deliver services etc. Analysis of templates will inform a view as to next steps and how this will be resourced going forwards.
- d. Virtual Wards (VW) – currently underperforming against plan with circa 90% achievement (147 beds v plan of 164). All providers have recovery plans in place to increase capacity by November. Utilisation of this capacity is relatively consistent at 80%. Ambition for inclusion of additional pathways being discussed i.e. children and young people (CYP), Heart Failure, stroke and respiratory. Providers are working towards being fully technology enabled by November. This is a challenging area being supported by a VW digital group.
- e. Community Waiting Lists – Stocktake of NHSE sitrep with providers to understand whether what is reported reflects the true recognised position. Interesting results showing multiple data quality issues, inconsistencies in reporting methodology and lack of operational sign off. All providers now looking at their processes and this will continue to be monitored via the Digital Network with the ambition that the reported data will reflect the true recognised position enabling clear improvement actions to be identified.

- f. 2-hour urgent community response (2UCR) evaluation – recommendations from the evaluation being worked through with providers and workshop planned for 26 October 2023.
- g. Stroke pathways – Successful funding bid to support high intensity rehabilitation. Psychological support training for staff being arranged. Peer review undertaken of stroke services provided in North Lincolnshire and Goole (NLAG).
- h. Diabetes – Implementation of continuous glucose monitoring (CGM) roll out has commenced. Waiting list initiative support for structured education at Hull University Teaching Hospitals NHS Trust (HUTHT) and Harrogate and District NHS Foundation Trust (HDFT). Funding secured for T2DAY – Diabetes in the Young initiative focussing on 18–39-year-olds.
- i. Respiratory – All providers of pulmonary rehab have registered with the national the Pulmonary Rehabilitation Services Accreditation Scheme (PRSAS). A universal all age formulary for asthma has been developed and agreed.

Primary Care Collaborative (PCC)

- a. PCC meets monthly and is Chaired by Dr Simon Stockill.
- b. The membership was reviewed and refreshed to include GPs. Federations/Place Clinical leads as well as Clinical leads for GP/Pharmacy, optometry and dental.
- c. Primary Care access recovery plan key area of focus for general practice with paper going to November ICB Board to demonstrate progress – including digitalisation, access, and additional roles.
- d. This month approved the dental workforce transformation plan and aligned it to the wider workforce group led by Dr Kevin Anderson supported by Rachel Baillie Smith
- e. NHS 75 Engagement & Insight report presented and discussed regarding areas to improve but acknowledging areas where the public think it's good – discussed utilising existing data from GP Patient surveys/friends & family responses to compliment this work.
- f. Winter plans and resilience for primary care feeding into wider ICB plan.

Maternity (LMNS)

- a. Maternity continues to be of concern and risks have been recorded.
- b. The ICB continues to support providers with quality and safety matters. The maternity and neo-natal 3-year plan includes four themes, as follows:
 - Listening to and working with women and families, with compassion
 - Growing, retaining, and supporting our workforce
 - Developing and sustaining a culture of safety, learning, and support
 - Standards and structures that underpin safer, more personalised, and more equitable care.

3 Themes across Place Quality Group Reports

- a. Impact of system pressures: Urgent and Emergency Care (UEA); Places continue to see quality and safety impacts of ongoing urgent and emergency care pressures despite extensive system support. Long ambulance "waits" have also been recorded.
- b. Workforce risks continue to be one of the biggest challenges at Place and across the region.
- 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.
- e. Concerns have been noted regarding issues associated with asylum seekers.
 - Unaccompanied children – the volume of unaccompanied child asylum seekers is posing a challenge due to a lack of appropriate placements
 - There is significant variation in the delivery and uptake of vaccinations to asylum

seekers – dependent upon the provider responsible for delivery. This is being looked at to understand what drives higher levels of performance.

- f. Psychological support for staff – it was noted there is insufficient support for staff when incidents occur, e.g. child deaths and the Ampleforth fire - this is specifically in relation to supporting those staff who routinely support others.
- g. The model for provision of initial health assessments for looked after children has been changed, the backlog resolved, and the process is progressing well.

4 Providers – Quality Improvement Groups

- a. Feedback on progress with the Quality Improvement Groups (QIG) was discussed.
- b. 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.
- c. Progress continues across the three other providers.

5 Key Risks and Escalations:

5.1 Urgent and Emergency Care (UEC)

- a. Continued challenges across UEC and discharge pathways impacting on patient access, safety, and experience of services.
- b. Ambulance pressures and handover delays.
- c. Increase in 12hr trolley waits and delays in ED department.
- d. Challenges in discharging patients from acute service

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

5.2 Maternity

- a. There are quality concerns across maternity providers.
- b. There are two rated inadequate for maternity services.

Action in train: LMNS work programme in line with national expectations. Currently Ockenden assurance visits are being undertaken. Collaborative improvement programme supported by AQUA will commence in November.

5.3 Clinical Indicators of harm common across providers such as Infection Prevention Control (IPC)/Falls/Pressure Ulcers (PU)

Actions in train: Implementation of PSIRF requires providers to identify themes emerging from an analysis of all incidents. The AQUA supported Falls collaborative will commence in November. An ICB IPC committee has been established to oversee IPC issues and drive improvement.

5.4 Elective waits.

Action in train: Patients with a LD are being proactively managed and harm reviews for those waiting are being undertaken.

5.5 Learning Disability (LD) and Autism (ASD)

There are concerns regarding capacity within existing services and the availability of all required services.

Action in train. The MH/LD/ASD collaborative are working on a revised strategy for services. The gap is that this needs to be a joint piece of work across the ICS to include other partners and not just MH NHS providers.

RECOMMENDATIONS

Members are asked to note the content of the Place Assessment presentation; and the contents of both the Quality Committee and the System Quality Group reports – and note items discussed for the purposes of providing assurance. Members to discuss any items that require further clarification.