



Agenda Item No:	11i
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Report to:	Integrated Care Board
Date of Meeting:	13 September 2023
Subject:	Report of the meeting of the Quality Committee held on 29 June 2023
Director Sponsor:	Teresa Fenech, Executive Director of Nursing and Quality Vice 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: *(A short summary of the key points set out within the report)*

The report is a summary of the meeting of the Quality Committee held on 29 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))*



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

IMPLICATIONS <i>(Please state N/A against any domain where none are identified)</i>	
Finance	N/A
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	N/A
Health inequality / equality	N/A
Conflict of Interest Aspects	None
Sustainability	N/A

ASSESSED RISK: *(Please summarise the key risks and their mitigations)*
N/A

MONITORING AND ASSURANCE: *(Please summarise how implementation of the recommendations will be monitored and the assurances that can be taken from the report)*
Outstanding actions remain under Quality Committee Review.

ENGAGEMENT: *(Please provide details of any clinical, professional or public involvement work undertaken or planned. Summarise feedback from engagement and explain how this has influenced your report. If you have not yet engaged with stakeholders include a summary of your plans).*
N/A

REPORT EXEMPT FROM PUBLIC DISCLOSURE No Yes



Report of the Meeting of the Quality Committee – 29 June 2023

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 29 June 2023 and was quorate.

2. Agenda included:

Governance - details in item 3

- Review of the Quality Committee Terms of Reference (TORs)
- Quality Accounts
- Annual Reports:
 - Learning from lives and deaths 'People with a learning disability and autistic people' (LeDeR)
 - Annual Report
 - Research and Development Humber Annual Report
- Audit Reports:
 - Serious Incident Audit Report
 - Safeguarding Audit Report
- Healthwatch update (themes and issues)
- Risk management Board Assurance Framework
- ICB Policies:
 - Development and Authorisation of Patient Group Directions
 - Continuous Glucose Monitoring Policy
 - Male Gynaecomastia Reduction Surgery:
 - Breast Prosthesis Removal
 - Correction of Congenital Breast Asymmetry
 - Care and Treatment Review (CTR) / Standard Operating Procedure and Policy



Quality Matters – details in item 4

- Maternity and Neonatal Voices Partnership
- Place Quality Meetings: (by exception)
- Providers Quality Report (including those in Quality Improvement)
- Significant Issues by exception - Paediatric Audiology
- IPC position statement
- Feedback from Regional Quality Group

3. Governance

Quality Committee Terms of Reference (TORs)

Members were reminded that review of the Terms of Reference continued.

Quality Accounts

Summary and recommendations:

Quality Accounts from providers had been shared and a review and statement in support had been provided on behalf of ICB for members' review. It was noted accounts would be published on 30th June.

A log of quality priorities had been developed and would be incorporated into a Quality Assurance Framework which would be brought to the October Quality Committee.

Members were invited to raise queries by exception.

Decision:

Members approved the accounts, and no further queries were raised.

Annual Reports:

- **Learning from lives and deaths 'People with a learning disability and autistic people' (LeDeR)**
- **Research and Development (RD) Humber**

Summary and recommendations:

Members were provided with and welcomed the positive update in support of the LeDer and RD annual reports submitted. Members were invited to review the reports and raise queries by exception whilst being directed to several areas which included but were not limited to:



- key themes;
- key findings from within the Reports;
- learning identified;
- priorities and next steps for 2023/2024.

Members welcomed the update, approved the reports and provided feedback in support of the LeDeR report in particular i.e noting the easy read summary referenced non white British deaths which was not captured in recommendations. Discussion followed and a flagging system to ensure preferential treatment in Primary Care occurs from practice to practice is to be further considered. Whilst annual health check compliance was noted to be improving there was discussion regarding the effectiveness of these which is dependent upon the findings being actioned.

Decision:

Members approved the reports for publication on 30th June.

Assurance was provided that the ICB would further consider LeDeR to ensure an equitable approach is taken. The effectiveness of annual health checks to be raised via the Clinical & Professional group.

Audit Reports:

- **Serious Incident Audit Report**
- **Safeguarding Audit Report**

Summary and recommendations:

Members were reminded that the Serious Incident Audit Report and the Safeguarding Audit Report shared had previously been to the Quality Committee in April. Due to further discussions with the auditors at that time, as a result of disparities in terms of two recommendations proposed, approval was deferred to the June Quality Committee. Members were asked to approve the final reports submitted.

Decision:

Members welcomed the update and approved the reports.

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. A presentation was shared.

Themes were highlighted to include:

- Work continues with the ICB to ensure it is kept informed of General Practice (GP) service activities, in particular, disconnect between primary and secondary care.
- Dentistry concerns are being raised due to patients accessing private services or non-attendance.
- Hospital Care remains a concern, for example, long waiting times at Accident and Emergency (A&E).
- Concerns are being raised in terms of accessing Children and Young People (CYP) services for children with autism and/or Attention Deficit Hyperactivity Disorder (ADHD).

Decision:

Members were 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 progress with actions and recommendations arising from their reports.

Risk management Board Assurance Framework

Summary and recommendations:

Members were reminded that the Board Assurance Framework (BAF) shared as part of the meeting pack, included quality risks shared with Board members in June 2023. It was noted that a slight format change had occurred which supports the overarching approach of *“managing today and managing tomorrow”*.

Members were directed to the matrix on slide 19 for guidance and asked to review the clinical quality and safety risk reference BAF (A1) which falls into the category of *“further scrutiny of those risks which risk rating remains the same after mitigation as before”*.

Decision:

Members were in agreement that the risk reflected accurately and better partnership working and a line of sight in terms of assurance was relevant.



It was noted that the narrative in the BAF still needs strengthening and the new risk reporting process due for implementation later in 2023 will support, with for example, narrative from Places.

ICB Quality Committee Policies:

Members were asked to review policies submitted and raise queries by exception only. They were reminded that the requirement of the Quality Committee is to be assured that due process has been followed, including but not limited to highlighting if public consultation is required and / or been conducted.

Several policies were submitted and approved:

1. Development and Authorisation of Patient Group Directions – approved
2. Continuous Glucose Monitoring Policy
3. Male Gynaecomastia Reduction Surgery
 - a. Breast Prosthesis Removal
 - b. Correction of Congenital Breast Asymmetry

Decision:

Members approved policies submitted and agreement reached that development of policy front cover would occur prior to next meeting.

Care and Treatment Review (CTR) Standard Operating Procedure (SOP) and Policy

Summary and recommendations:

Members were provided with a summary update in support of the Care and Treatment Review (CTR) Standard Operating Procedure (SOP) and Policy; which had been submitted with the meeting pack.

NHS England Care and Treatment Review (CTR) and Dynamic support register (DSR) national policy and guidance was implemented in April 2023 and refers to the mandatory development of ICB level Oversight Assurance Panels as an extra level of scrutiny for the quality of care and level of provision for people with Learning Disabilities and Autism to include:

- An ICB wide SOP for Oversight Assurance panels
- Flowchart and process for escalation to panels
- Key panel membership (and associated costs)
- Key Lines of Enquiry for the panels (KLOE)



- Local Processes for DSR (One each for Humber and North Yorkshire)

Several points were noted:

- All components, networks, services to being better aligned.
- All actions and mitigation would be recorded on the DSR.
- The SOP supports the identification of patterns and themes emerging from the management of individual cases.

Decision

Members were assured and agreed that the SOP and Policy could be shared with network partners.

4. Quality Matters

Maternity and Neonatal Voices Partnership

Summary and recommendations:

Members welcomed Katie Jones the Humber and North Yorkshire MNVP Group Lead to provide an update in support of patient experience. Slides were shared in support which included but was not limited to:

- What the Maternity and Neonatal Voices Partnership (MNVP) is made up of - for example, charities, service users, Healthcare Professionals such as Midwives, Health visitors, GP's and support workers.
- An update on an options paper in support of increasing capacity/resourcing to give equity across the Humber and North Yorkshire. The options paper was submitted to the LMNS Delivery Board in March 2023 and an agreement reached to split out the additional costs across all the ICB Places, the acute Trusts and the LMNS.
- Katie proceeded to show photographs from engagement events across the ICB geography which were welcomed.

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 out with 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 during the meeting.

Themes included:

- Impact of system pressures in urgent and emergency care.
- Workforce.
- Industrial action.
- Cost of living impact - Members requested that health impacts as a result of the cost-of-living crisis be incorporated into reporting.

Decision: Members continue to welcome the update, in particular the format of reporting and inclusion of the summary page and applaud section.

Significant Issues – updates by Exception

Summary and recommendations:

Members were provided with an update on a current significant issue within North Lincolnshire and Goole (NLAG) paediatric audiology services.

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

The update included an overview of the situation and a background was provided. As a result of an assessment clinics were ceased at the end of May 2023.

Recommendations included but were not limited to:

- A detailed understanding of the clinical risk being provided.
- Establishing how the position in NLaG compares to that in other providers of paediatric audiology services across our ICB.

It was noted that additional findings from case reviews are being considered at the monthly incident control group chaired by Margaret Kitching.

Decision:

Members were assured work continues in support and welcomed the update.

Providers in Quality Improvement Groups (QIG)



Summary and recommendations:

Members were provided with an update and slides shared in support of providers in quality improvement group status as follows:

- York & Scarborough NHSFT (Intensive, SOF level 3)
- Hull University Teaching Hospital Trust (HUTH) (Intensive, SOF level 3)
- North Lincolnshire & Goole NHSFT (Intensive, SOF level 3)
- Tees, Esk & Wear Valley MH Trust (Intensive, SOF level 3)

National Guidance in terms of escalation arrangements was highlighted which included terminology in support of understanding quality oversight i.e routine, enhanced or intensive.

Data from provider quality reports was shared in support of this update.

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

IPC position statement

Summary and recommendations:

Members were updated on the Infection Prevention Control (IPC) Statement and a paper shared which included key points for noting.

Members were asked to note two recommendations held in the paper and raise queries by exception:

- Support that each place should review its governance arrangements to ensure collective oversight of antimicrobial resistance (AMR).
- Approve the development of an ICB AMR Programme Board, as a sub-group of the Quality Committee. Establishing an ICB reporting portal, for which outputs from all six places, would feed into.

Decision:

Members welcomed and supported the update and agreed to review Terms of Reference of the IPC Programme Board at a future Quality Committee.

Feedback from Regional Quality Group

Nil update.



Any other business

Several items had been noted for discussion under any other business as follows:

- **Training needs analysis - Patient Safety Incident Response Framework (PSIRF).** Members were advised that they will be contacted following the meeting by Ursula Farrington or Samantha McCann Senior Nursing, (Quality & Clinical Governance Manager) from the Corporate Team. A training needs analysis is being completed for the implementation of the new Patient Safety Incident Response Framework (PSIRF) for the ICB. A requirement is for Board and Senior Leadership team members to complete oversight training.
- **Complex Children and Young People Funding for schools** was discussed in support of medical issues and infection prevention control (IPC). It was agreed work in support of ensuring any medical issues within schools and basic medication provision to be considered for IPC Group.

September 2023