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| <b>Agenda Item No:</b> | <b>10</b> |
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| <b>Report to:</b>        | Humber and North Yorkshire Integrated Care Board  |
| <b>Date of Meeting:</b>  | 10 January 2024   |
| <b>Subject:</b>          | <b>Report of the meeting of the Quality Committee held on 26 October 2023</b>             |
| <b>Director Sponsor:</b> | Teresa Fenech, Executive Director of Nursing and Quality<br>Vice Chair, Quality Committee |
| <b>Author:</b>           | Teresa Fenech, Executive Director of Nursing and Quality                                  |

**STATUS OF THE REPORT:**

Approve  Discuss  Assurance  Information  A Regulatory Requirement

**SUMMARY OF REPORT:**

The report is a summary of the meeting of the Quality Committee held on 26 October 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**

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

| IMPLICATIONS                 |   |
|------------------------------|---|
| Finance                      | N/A   |
| Quality                      | Areas for development to assure quality assurance functions that are the responsibility of the committee. |
| HR                           | N/A   |
| 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 | N/A   |
| Sustainability               | N/A   |

**ASSESSED RISK:**  
N/A

**MONITORING AND ASSURANCE:**  
Outstanding actions remain under Quality Committee Review.

**ENGAGEMENT:**  
N/A

**REPORT EXEMPT FROM PUBLIC DISCLOSURE**      No  Yes

## Report of the Meeting of the Quality Committee – 26 October 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 26 October 2023 and was quorate.

### 2. Agenda included:

#### **Governance - details in item 3**

- Maternity
- ICB Patient Safety Incident Response Framework (PSIRF) Implementation
- Risk Register and Board Assurance Framework (BAF)
- ICB Quality Committee Policies:
  - Individual Funding Requests (IFR)
  - Hyaluronic Acid Injection paper (HAI)
  - Choice on Discharge Policy
  - Anti-VEGF (Vascular endothelial growth factor) Treatments in Ophthalmology

#### **Quality Matters – details in item 4**

- Quality Assurance and Improvement Framework (QAIF)
- Healthwatch update to include themes and issues
- Winter planning
- Place Quality Meetings: (by exception)
- Providers in Quality Improvement Group Status
- Significant Issues:
  - Paediatric Hearing Services: improvement programme: system recommendations

### 3. Governance

#### **Maternity**

#### **Summary and recommendations:**

The paper shared sets out the current position of the ICB and Local Maternity and Neonatal System (LMNS) against the specific requirements in the 3-year plan relating to neonatal services. It also highlights ongoing risks for the Committee to be aware of and assurance that the additional requirements relating to the achievement of local, regional, and national standards are addressed.

The paper also includes but is not limited to current mortality rates for HNY units against others in the region, including themes in support of listening to women, workforce, culture and leadership.

An update was also provided in support of the maternity paper presented in August 2023. Discussion took place with a particular focus on mortality data, noting an outlier. It was acknowledged that although the allocation of deaths to the outlier is higher, deaths may not have occurred as a direct result of the service as clinical management impacts only one component. It was acknowledged triangulation of data, outwith the ICB's gift, is essential to produce optimal reporting. This could include but is not limited to qualitative data such as Public Health data covering areas such as poverty, behaviour e.g smoking, drugs etc. This would support the ICB to identify which areas have the greatest risks and concerns; some of which won't sit within neonatal. It was also noted that strikes continue to impact services and the need for training and development to be progressed at pace.

Neonatal data had been shared and discussed with the importance of understanding that the death is assigned to the unit where the baby was booked for delivery and not necessarily where the unit was where the baby died. It was agreed that some public health consideration be given to interpretation of the data.

Members welcomed the update and agreement was reached that Public Health colleagues feed into discussions during this item.

It was also confirmed that culture and the development thereof will feed more broadly into updates i.e where it is working and where it is problematic. It was acknowledged that service visits will support this approach along with the procurement of Advancing Quality Alliance (AQUA) under the remit of the Maternity Culture Programme. This will ultimately support units to share learning i.e further discussion around the AQUA collaborative programme which will drive shared learning and improvement work.

Members were asked to:

- Note the content of the report.
- Be assured that the LMNS strategic and work plans meet the requirements of the 3-year delivery plan for neonatal services (complementing the maternity plan presented in August 2023).
- Be assured that the additional current requirements relating to achievement of local, regional and national standards are known and are being addressed.
- Note that a review of governance, risk escalation and wider engagement is underway to support this assurance piece.

## **ICB Patient Safety Incident Response Framework (PSIRF) – Implementation**

### **Summary and recommendations:**

An update was provided in support of the implementation of the Patient Safety Incident Response Framework (PSIRF) and provider uptake. Members were reminded that the PSIRF Implementation Group for the ICB was provided with delegated responsibility to sign off provider plans and to provide assurance to the Quality Committee.

It was confirmed that providers continue to sign up to PSIRF i.e Hull University Teaching Hospital Trust (HUTH); Humber Teaching Hospital Trust (HTFT); North Lincolnshire and Goole (NLAG) and City Healthcare Partnership (CHCP), having completed sign up. Members were further assured that any outstanding providers were imminent in their sign up i.e NHS Scarborough and York Teaching Hospitals Foundation Trust (YSFT) and Harrogate and District NHS Foundation Trust and finally in the New Year, Tees, Esk and Wear Valleys NHS Foundation (TEWV) (supported jointly with Northeast and North Cumbria ICB with Cumbria leading TEWV).

An additional update was provided in terms of a proposal submitted to HNY ICB Executive Committee for establishment of a single employed full time patient safety specialist. A further update will be provided once approval received. This role will support bringing together all patient safety information including but not limited to data, learning and sharing via establishment of a Patient Safety Committee. This will also link with other work in the ICB including but not limited to Medical Examiners work under remit of Clinical and Professional Directorate responsibilities. Quality Committee terms of reference will be updated to reflect the newly formed committee as required.

Members were asked to:

- note the content of the update.
- be assured of PSIRF implementation progress made.

**Decision:** Members confirmed assurance of progress of the PSIRF plan and implementation.

## **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; which holds high level quality and clinical risks shared with Board members in October 2023; and which were shared with committee members for review.

It was noted that scoring is still being discussed in terms of its “effectiveness” and it is recognised that the word “effect” is a longer-term ideology. It was proposed that wording should reflect “*recognising, monitoring and having mitigations for*” to define a more active defined approach. It was agreed that efforts continue to be made with Board to agree an in-year change.

A risk in terms of maternity was discussed; in particular whether a new risk be submitted to the Board for inclusion into the BAF risk register. Members agreed that this risk should be retained on the local LMNS risk register and committee members be provided with assurances; and not be added to BAF. It was agreed that Jason Stamp would support this during the next board.

Members are asked to review the BAF and note:

- the risks and mitigating actions being taken with specific reference to BAF Strategic Objective Reference A1 Risk Analysis (noted in slide 4 and slide 7)
- for information reference C1 patient experience (noted in slide 6 and slide 14)

- discuss the controls in place, gaps in control and target risk rating.

**Decision:**

Members noted the contents of the update and progress made with the BAF.

**Risk Register**

**Summary and recommendations:**

A representative from the corporate team attended the committee to provide a demonstration in support of the new “web based” Corporate Risk Register which is currently being implemented for the whole ICB to robustly support risk reporting and assurance provisions for committees/Board. The demonstration also supports understanding the relationship between the ICB BAF high level risk register and the corporate risk register.

The demonstration included but was not limited to:

- Background and overview which included that the work started a year ago in order to bring all risks from the 6 places into a single "live" system to avoid duplication.
- For the purposes of Quality, the demonstration provided a:
  - Risk overview
  - Domain heat maps
  - Risk summaries; and
  - Risks out of appetite
- The Quality Committee will have their own risks which will be retained by the Nursing and Quality team then forwarded as part of the live link to members for review.
- The live link will include sub-committee risks (escalation to be intuitive).
- The acute provider collaborative will be more integrated into ICS rather than providers owning risk register arrangements. This is in order to support a more collaborative approach between all stakeholders.
- It is expected that risks are updated monthly; and managed at place in the first instance i.e local risks will be housed on the system whilst being managed and owned by place.

**Decision:**

Members welcomed the update and were asked to note the new "live" web-based Risk Register and its functionality.

It was also agreed that at a future Quality Committee there would be a half day deep dive workshop to discuss risk management further; including consideration of a Risk Operations Model which would be developed in support.

**ICB Quality Committee Policies:**

**Summary and recommendations:**

Members were asked to review policies submitted and raise queries by exception only (policy leads were in attendance in support). 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 took place. Policies submitted in the main relate to policies which will be applied across the whole ICB.

Several policies were submitted for approval and one deferred due to further development requirements noted during the meeting.

### **Individual Funding Requests (IFR) – change approved (with caveat).**

An update was provided in terms of clarifying that the submitted IFR policy was a change request only for committee assurance purposes.

Members were directed to the policy and reminded that the IFR service is delivered by NECS on behalf of HNY ICB and that it was last approved by the ICB in July 2022.

On this occasion, two changes only were noted in support of streamlining decision-making processes and reducing bureaucracy and members were asked to approve the proposed changes in readiness for policy implementation on 1 November 2023.

Members agreed the noted changes with a caveat of understanding why the impact assessment page was blank.

### **Hyaluronic Acid Injection (HAI) – change noted and approved**

An update was provided in terms of clarifying that the submitted policy was a change request only for committee assurance purposes. Members were directed to the policy and reminded that the Hyaluronic Acid Injections (HAI) are licensed as a treatment for osteoarthritis and noted that there is a strong clinical evidence base that it is clinically **ineffective** in the management of osteoarthritis.

A significant variation in volume of clinical activity using HAI has been noted across the region resulting in an unwarranted financial expenditure for the ICB. It was also noted that this service is not commissioned by the ICB; nor is it included in NICE Guidance.

Members agreed the change and reiterated that a review be undertaken where HAI is being administered in order to support communications with impacted stakeholders.

### **Choice on Discharge Policy – approval deferred**

An update was provided and the policy on Choice on Discharge shared in support.

- The policy is intended to support the planning of discharge and sets out the legal requirements upon the ICB and other partners in respect of what choices patients have in respect of discharge destination (applies only to NHS provided care and does not bind Local Authorities).
- The purpose of this policy is to avoid delayed discharges from hospital where that delay is as a direct result of individuals not wishing to move to the option available to them and wait until there is an alternative (or Deputy/family refusal in the case of an individual lacking Capacity).

Members were asked to approve the policy in readiness for winter planning.

Discussion occurred and members agreed that the policy needed further work and could be approved off-line in support of winter planning; further work to include:

- development/engagement in support of patient experience;
- develop the integrated impact assessment which currently indicates no impact noted to patients with protected characteristics; and

- further engagement i.e social workers; patient experience.

### **Anti-VEGF (Vascular Endothelial Growth Factor) Treatments in Ophthalmology – approved**

An update was provided, and papers shared in support of the policy Anti-VEGF (Vascular endothelial growth factor) Treatments in Ophthalmology. It was noted the paper shared and update provided was commercial in confidence (CIC).

- A background to the policy was provided in that it was for the treatment of Wet (neovascular) age related macular degeneration (AMD) and Diabetic Macular Oedema (DMO); Wet AMD is sometimes referred to as nAMD (neovascular AMD).
- It was noted that there are several treatments for anti-VEGF available for which CIC applies; some of which are more expensive.
- HNY ICB clinical commissioning policy states the prescriber should consider the treatment options for wet AMD and DMO, as outlined in the policy, and where when clinically appropriate, the least expensive option is the first line. When a more expensive agent is used; justification is to be sought using a prior approval system.

Members were asked to approve the policy. The policy was approved, and assurance was provided that due process had been followed.

#### **Decision:**

Members welcomed the update and were assured of next steps.

## **4. Quality Matters**

### **Quality Assurance and Improvement Framework (QAIF)**

#### **Summary and recommendations**

A presentation and draft paper were provided in support of the Quality Assurance and Improvement Framework (QAIF). Members were reminded that several events had been held to review quality priorities, objectives and escalation arrangements; with the aim for the ICB to create the right environment for quality and to drive quality improvements across the locality.

Particular attention was given to several areas as follows and members were reminded that this update and its supporting papers will be submitted to Board for final sign off:

- A Quality Roadmap, vision statement and national guidance i.e National Quality Board (NQB) had been included in the draft QAIF along with provider quality priorities. It is acknowledged this is an iterative process and the QAIF will be updated to reflect updated priorities which will support such areas as the interrogation of patient safety data.
- Local application and translation of national guidance and escalation is supported; including but not limited to the seven steps escalation model.
- Gaps noted are with primary care services which are being dealt with within the Community Collaborative via the System Quality Group.



## **Decision:**

Members approved the QAIF for board submission and approval.

## **Healthwatch update (themes and issues)**

### **Summary and recommendations:**

Members were provided with a Healthwatch update and slides had been shared prior to the meeting. Members were invited to feedback by exception only. Themes captured following Place engagement included but was not limited to:

- **Primary care / GPs** including key concerns with access; a positive update on support of the online booking system in terms of it being user friendly; when appointments are available patients are happy with the quality of care.
- **Mental health (ADHD and Autism)** including crisis line issues; long waits.
- **Social care** including lack of staff; cost of living crisis impacts within domiciliary care workforce staff (mainly rural areas).
- **Care home and out of area placements** – winter planning concerns.

### **Decisions:**

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

## **Winter Planning**

### **Summary and recommendations**

A national update was provided in support of winter planning. It was clarified that the key role of the Quality Committee is to review / monitor clinical risks and assure mitigations are in place.

It was highlighted that focus was on national NHS 'Preparing for Winter' which sets out 4 key areas:

- continue to deliver on the UEC Recovery
- completing Operational and Surge Planning
- ensure effective system working
- support the workforce to deliver building on the NHS Peoples Promise.

Planning also includes but is not limited to a "Winter Narrative Template Plan" i.e responding to a series of Key Lines of Enquiry (Kloe's); and a numerical template plan which supports opportunity to review and adjust various metrics. It was noted that a system coordination centre is to be established to run alongside the new national Opel Scoring Framework i.e each Trust is required to report in the same way once the new Framework is in place in December 2023.

An additional update was provided on the back of the recent Clinical Risk Workshop with providers resulting in a number of actions and next steps, including the development of a clinical risk framework to help better manage clinical risk across the system.

### **Decisions:**

Members were asked to note the update.

### **Place Quality Meetings 4A report: (by exception)**

#### **Summary and recommendations**

Members had been provided with a report which provides a combined update following all six Place Quality Groups' escalation and assurance processes. This is detailed under the headings of 'Alert, Advise, Assure, Applaud' (aka 4A report).

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 and support. 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.
- Tuberculosis (TB) service
- Industrial Action

Key messages and escalations raised by Place (outwith themes) included:

- North Lincolnshire and Northeast Lincolnshire:
  - Suspected suicides
  - Children and Young People: Neurodiversity and Paediatric therapy waiting times
  - Paediatric Audiology
  - Complex Learning Disability and Mental Health Placements
- Hull and East Riding
  - Special Educational Needs and Disabilities (SEND)
- York and North Yorkshire
  - Asylum seeking children (UASC)
- Staff support i.e concern regarding the availability and responsiveness of psychological support to staff.

Particular focus was provided to an "applaud" which had highlighted that three Infection Prevention Control (IPC) staff members had successfully been awarded the title of Queen's Nurses; available to individual nurses who have demonstrated a high level of commitment to patient care and nursing practice.

**Decision:**

Members were asked to note the content of the briefing and raise any queries by exception only during the meeting. Members welcomed the update and agreed that the three nurses awarded Queens' Nurses should receive letters from the Chair of the ICB.

**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. Members were reminded that the National Quality Board (NQB) sets out the Quality Assurance responsibilities of ICBs which includes escalation arrangements for when closer oversight and support for providers is required.

Quality Improvement Groups are a means of delivering this oversight and support and maybe chaired by either the ICB or by NHS England; dependent upon the level of perceived risk and support required.

Providers in Quality Improvement Groups status:

- **York and Scarborough NHSFT (YSHFT)** – SOF3: Enhanced Support with demonstrated improvement.
- **Hull University Teaching Hospital Trust** – SOF3: Enhanced Support with demonstrated improvement with the exception of new issues being added to the QIG agenda including but not limited to Falls and Regulation 28s.
- **North Lincolnshire & Goole NHSFT** – SOF3: Enhanced Support with stability demonstrated and in the New Year it is hoped that this will become a joint QIG with Hull.
- **Tees, Esk & Wear Valley MH Trust** – SOF3: Enhanced support – with a focus on the CQC report published the same day with improvements recognised.

**Decision:**

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

**Significant Issues – updates by Exception****Paediatric Hearing Services: improvement programme: system recommendations****Summary and recommendations:**

Members were provided with a paper and updated on Paediatric Hearing Services with a particular focus on the national ask for all ICBs to work with paediatric hearing service providers to assess compliance against a set of recommended actions; and work with these providers to support implementation.

A background was provided which included that the Newborn Hearing Screening Programme reviews data of every newborn baby born in England - and which identified four Trusts which had diagnosed significantly fewer babies with a permanent childhood hearing impairment (PCHI). Northern Lincolnshire and Goole NHS Foundation Trust (NLaG) were one of the four Trusts identified as having significantly fewer babies diagnosed.

The ICB was requested to work with paediatric hearing service providers to implement the recommended actions as a matter of urgency. Assessment templates were shared and completed by providers to demonstrate evidence of compliance. These are summarised in the paper (excluding NLaG as previously outlined) to include:

- Hull Teaching Hospitals NHS Trust
- Harrogate NHS Foundation Trust
- York & Scarborough Teaching Hospitals NHS Foundation Trust

Work with the regional clinical audiology specialists will occur following these findings to review the position and support Trusts to implement any necessary changes.

Members were asked to:

- Note the content of the report
- Receive future updates on how any areas of non-compliance are being supported by the ICB Paediatric Hearing Services;
- Update to be brought to future Quality Committee.

January 2024