

**HNY ICB Committee Assurance and Escalation Report**

**Report to: HNY Integrated Care Board
Report from: System Quality Group**

**Date of meeting: 10 October 2024**

**Committee Chair: Deborah Lowe (Place Nurse Director Hull & East Riding)**

**Director Sponsor: Teresa Fenech, Executive Director of Nursing and Quality**

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| **Key agenda items covered by the meeting**(*A bulleted list of the key agenda items discussed at the meeting)* |
| * Update on: Quality Delegation Framework
* Update on: Transgender Clinics – current capacity and new legislation
* Partner Update
* ICS Collaborative Quality Update
* Update: Urgent and Emergency Care (UEC)
* Update: Maternity and neonatal services
* Overview of current quality across all areas – including risks/issues and improvements (incl thematic review).
* Reflections on the meeting:
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| **ALERT** *(BY EXCEPTION ONLY - key matters and / or risks to alert or escalate to the ICB Board)*  |
| Any items to be escalated are via the Quality Committee   |
| **ADVISE AND / OR ASSURE**(BY EXCEPTION ONLY - *Key decisions and any updates to advise the ICB Board on the matters the Committee was able to take assurance on or where additional information was required)* |
| * **Update on: Quality Delegation Framework:** The continuing work with the final version of the "Specialised Commissioning Acute, Specialised Mental Health, Public Health, Health and Justice Quality Assurance Framework following Delegation 2025-6" was shared and included information on the associated high-level principles.
* **Update on: Transgender Clinics – current capacity and new legislation:** An update was given on the background and context for gender services which outlined the rise in demand for these services over the past decade, leading to excessive waiting times across the country with demand outstripping capacity. The workforce challenges and additional professional training requirements were also discussed.
* **Feedback from partners and collaboratives: Comprehensive Updates:** Regular updates from partners and collaboratives continue.
* **Update: Urgent and Emergency Care (UEC):** UEC continues to be the ICB’s biggest risk. Work is ongoing with patient discharge processes within hospitals to increase bed capacity and winter planning, escalation processes and primary care SDF funding work is ongoing. Staff vaccination issues have been reported due to Provider's policies.
* **Update: Maternity and neonatal services:** An update was provided in relation to the key issues and risks currently noted within the maternity neonatal service. These included, but was not limited to, the absence of a maternity mental health service, the capacity of the current workforce and the funding allocation across the Trust, all of which are impacting on quality, safety and targets being achieved. The support for migrants and asylum seekers is ongoing in addition to work on an equity and equality plan. Recruitment has taken place to support this work.
* **Overview of current quality across all areas – including risks/issues and improvements (incl thematic review):** Thematic issues at scale are now being reported in terms of the new functions and will support the avoidance of duplication and ensure work is ongoing in teams across the ICB. Themes included, but were not limited to, the increase in domestic abuse, challenges linked with special educational needs and disabilities services for children, the wider impact of GP collective action and the increase in the number of children in mental health settings.
* **Reflections on the meeting:** The Chair summarised the discussions and identified the biggest risks to quality and safety across the system which included:
* Risks in terms of VCSE and local contracts coming to an end.
* Patient experience and the waiting well programme and referral numbers.
* GP collective action and impact to services, including notifications that practices are serving notice on specific contract areas.
* Maternity mental health and staffing and workforce challenges.
* Urgent and emergency demands and system impact, which includes winter planning and complex care planning.
* Referral numbers into ADHD, ASD, and SaLT, and the impact of this on capacity and staffing.
* Challenges with accessible information on ICB / Provider websites
* Reported issues relating to access to dental services.
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