

North East and North Cumbria Integrated Care Board

Quality and Safety Committee meeting held on 15 December 2022 from 10.00-12.00am via MS Teams.

Minutes

Present: Professor Eileen Kaner, Independent Non-Executive Member (Chair)

Nicola Bailey, Interim Executive Director of Place Based Partnerships (North and North Cumbria)

Professor Hannah Bows, Independent Non-Executive Member (Vice Chair)

Professor Sir Liam Donaldson, ICB Chairman

Ann Fox, Director of Nursing

Jean Golightly, Director of Nursing

Maureen Grieveson, Director of Nursing

Louise Mason-Lodge, Director of Nursing

Ewan Maule, Director of Medicines

Rajesh Nadkarni, Foundation Trust Partner Member

Dr Neil O'Brien, Executive Medical Director

David Purdue, Executive Chief Nurse

Claire Riley, Executive Director of Corporate Governance, Communications and Involvement

Jeanette Scott, Director of Nursing

Richard Scott, Director of Nursing

Dr Mike Smith, Primary Medical Services Partner Member

David Thompson, Healthwatch

Julia Young, Director of Nursing

Aejaz Zahid, Director of Innovation

In Attendance:

Lisa Anderson, Senior Involvement and Engagement Lead

Deb Cornell, Director of Corporate Governance and Involvement

Helena Gregory, North Cumbria Pharmacy and Medicines Lead

Neil Hawkins, Head of Governance Newcastle/Gateshead Place

Vicky Playforth, Head of Continuing Healthcare & Complex Care

Tony Roberts, Director of NEQOS

Jan Thwaites (minutes)

QSC/2022/12/17 Welcome and Introductions

Introductions were given.

QSC/2022/12/18 Apologies for absence

Apologies were given by Dr Saira Malik, Primary Medical Services Partner Member, Ken Bremner, Foundation Trust Partner Member, Jacqueline Myers, Executive Director of Strategy and System Oversight and Annie Laverty, Executive Chief People Officer.

QSC/2022/12/19 Declarations of Interest

There were no declarations raised.

QSC/2022/12/20 Minutes of the meeting held on 20 October 2022

RESOLVED: The minutes were accepted as a true record.

QSC/2022/12/21 Matters arising from the minutes and action log

QSC/2022/10/05 – the issue had been raised to ensure good representation of social care in the meeting, this had been included on the terms of reference (ToR). The group would be set up following a ToR review.

QSC/2022/10/08 – take this discussion outside the meeting to inform the item. The risks had been separated out and actioned.

QSC/2022/10/15 – the minutes were reported to the ICB Board as a record of this meeting. There may be confidential information in the reports which had not been published which needed to be considered. The agenda and minutes could be shared but the reports not so.

ACTION: Need to hold an offline discussion and come back with a proposal on what could be released in regard to agenda, minutes and reports to partners in a safe and appropriate way.

QSC/2022/12/22 Patient Story Process

The Committee were provided with an update on the patient story process which had been embedded into the Engagement Strategy.

It was through having detailed conversations with people and understanding their perspective and experience that issues could be picked up rather than through other ways of engaging with the public.

In the previous CCGs there had been a patient story protocol where stories were collected and presented to the Governing Body meetings. The involvement leads across the region had met to discuss their various processes and developed an ICB protocol. This had been developed in partnership with feedback from VCSOs and learning disability groups to ensure this was an easier process to follow.

Further work was required and a communications campaign was under development which would include animation, supporting materials and social media.

The Involvement Leads collated the story in a way that was comfortable for the patient and put it in a format for presentation to the committee. A way to reach out to the patients to let them know the ICB were there to listen to them and make them aware that they were working with the VCOs, Healthwatch and GP practices.

The importance of lived experience was highlighted and this would be embedded into the ongoing work.

It was noted that this process had been used with Path to Excellence and post implementation in regard to patient pathways. This was focussed and specific work. Caution was raised that this should not be used as a platform for patient complaints but to focus on patient experience. A suggestion was made that it should be made explicit that if in the complaints process this should be concluded before bringing the patient story to the meetings. It was explained that a summary of the response from the Trust was also brought to bring a balance, this needed to be included in the process.

All patient forums needed to be included and in regard to the minutes being made available to the patient it was noted that this should only be the particular excerpt of the patient story and not the complete set of minutes.

A query was raised if these stories should be raised at the ICB Board or at this meeting. Caution was noted that it was important to remember when dealing with patients that once they were engaged they needed to relate to issues and not be categorised as not belonging to this process.

It was noted that this was a valuable resource and it would be beneficial to link this into the learning community and system. The process could be two stage:

- An overview of lived experience
- A deeper dive into certain pathways

In regard to care givers or family members would this be included or as part of a separate mechanism and could this be branded as perhaps citizens stories?

The relevance of the story should be looked at to form part of the agenda, there were some meetings in existence that already had good patient stories. For instance the LMNS Board with a focus on maternity. It was noted that some stories received were both positive and negative.

In summing up it was noted that the principle was important, was complex and to take care that the process was not used as a platform for grievances but to record lived experience. To think about the patient versus citizen approach. To note that patient experiences could be complimentary, positive, appreciative and challenging. Only the section of the minutes in relation to the patient should be shared. It was be good to have face to face stories relayed and to look at care providers at some stage and the challenges they face.

RESOLVED: The process was received for information and assurance.

QSC/2022/12/23 Terms of Reference (ToR) Review

The terms of reference for the committee were discussed. Membership amendments had all been actioned and reflected the committee attendance. If this was approved they would be presented to the ICB Board for ratification.

A suggestion was raised to consider responsibilities for looked after children separate to safeguarding. Scrutinise the robustness of the arrangements for and assure compliance with the ICBs statutory responsibilities for promoting the health and wellbeing of looked after children .

A question was raised as to why the place based Medical Directors had been removed from the ToR. These would be reinstated.

The Director of NEQOS to be included in the ToR.

A query was made to the rationale of all of the Directors of Nursing being on the committee, this made a significant number of people attending the meeting. In response it was noted that they covered quite a large regional area and all have corporate responsibilities such as corporate, safeguarding, research and PSIRF.

RESOLVED: The changes discussed would be included in the next version of the terms of reference.

QSC/2022/12/24 Cycle of business

The cycle of business for the committee was discussed. Some of the regular items had been included with a feel for reports to come.

The following items were brought to the committees attention:

- PSIRF was Patient Safety Incident Reporting Framework
- The committee to have a quarterly or 6 monthly review from a safeguarding point of view
- To add a separate patient story to the cycle of business for each meeting
- The frequency of review of the risks to be amended to each meeting
- NICE guidance to be reviewed

- regular updates around maternity
- it was suggested to include never events either under the focussed discussion items or under risk
- Value Based Commissioning (VBC) Policies to see any amendments annually
- Regulation 28 issued – to be noted

It was explained that some of the above items would be undertaken as part of the work plan.

QSC/2022/12/25 Delivering our people and involving communities strategy

The strategy had been approved by the ICB Board in July.

The committee were informed that there were over 3million people in our NENC area. Within that there were patients, families, citizens and multiple communities all with lived experience that needed to be captured and feedback to the services that were commissioned. This was a huge challenge but also a huge opportunity to make these changes.

In terms of key strategic principles these were valuing and raising the need for involvement across the system, developing consistency through learning lessons and embracing innovation and improvement.

The Twisting Ducks video that had been presented to the ICB Board showing the difference in life expectancy of people with learning disabilities and autism was highlighted.

Priorities were highlighted, these included the use of open conversations, listening and involving communities, removing barriers and reducing inequalities, sharing learning and reporting feedback.

Key relationships included Healthwatch, VCISOs, providers patients and other partners.

A proposal for a citizens panel would be developed, a database would be used for information gathering and looking at local opportunities to support, enhance and build networks.

In developing the operating model, the service model for the ICB was being explored and would be at place, area level, ICB wide, strategic and area ICPs including workstreams and networks.

The coming year would be a year of transformation with the opportunity to develop the governance infrastructure which was expected to be in place by April 2023. A detailed action plan would be established to deliver the strategy with an effective and efficient network across the patch. Legal process to take into consideration.

It was confirmed that by the end of January the workplan would be completed ensuring that the lived experience, the support required with the right people in all

areas was in place. The funding for the developmental involvement and engagement work with partners had been secured.

QSC/2022/12/26 Involvement and engagement update

To provide the Committee with an update on the ICB's involvement and engagement activity across the North East and North Cumbria.

The following pieces of work that had been undertaken were described, these included:

- ICP strategy engagement
- Developing a citizens panel
- The waiting well initiative
- Developing the involvement strategy and action plan with stakeholders.

A comment was made that it was good to see research and evaluation groups being mentioned in the report with the ambition to increase diversity and participation in research across the region. It would be helpful to incorporate a metric to report on the diversity in engagement across the region. Funding had been received from NHS England to participate in working with voluntary organisations relating to children and young people's mental health.

It was noted that there was a real commitment across the system to meaningful engagement with the wider community. Healthwatch gave assurance on how it was willing and able to support this work and had already begun with the waiting well initiative. It was important that the time and commitment spent on engagement was meaningful and would make a difference to patients and services.

The Chair noted the importance of using multiple methods and approaches, to reach out to less heard groups also to children and young people. The need to involve and include and the use of citizens panels.

It was noted that there were some excellent young people's parliaments across the region.

Assurance was given that equality had been identified in the action plan to support seldom heard groups with the use of sense checking and links across the region and North Cumbria with Universities.

The common theme across the report was a focus on partnership with a lot of work to do and a lot of ambition.

RESOLVED: The report was received for information and assurance.

QSC/2022/12/27 Integrated Quality and Performance Report

An overview of the ICS overview of Quality, and Performance was provided.

It was noted that there was often a time lag between the data being received and the report being produced.

The outcome of the unannounced NEAS and STSFT CQC visits were awaited.

In regard to HCAI infections there had been 5 reported breaches, the detail was contained within the report.

In regard to never events there had been 14 in the year to 31 October 2022 again detail of this was contained within the body of the report.

Sickness absence was above the national average with exceptionally high staff turnover rates. Detail on the regulation 28s including 2 new that had been issued and applied to were for CNTW and NEAS.

The NEAS independent inquiry was just starting, the interviews were ongoing.

Risks and assurances around independent providers, workforce pressures, 104 week wait for spinal surgery, ambulance response times, cancer 62 week waits were all provided within the report.

In regard to mortality a question was raised on monitoring rates and actions, who was the lead for mortality and do the outcomes from the regional mortality group feed into this group. In response it was noted that this information was reported to the System Quality Group and would also feed across into this committee.

In regard to the 14 never events questions should be raised as to what were they and if there were any significant themes with a need for learning and collaboration. A comment was made on how to capture actions to drive improvement and getting better.

In response it was noted that with the Patient Safety Incident Reporting Framework (PSIRF) coming in, a whole system change around learning from patient safety events. One of the things that had not been so good was sharing across organisations, it was hoped that with the provider collaborative this would change.

In developing a quality framework this would include assurance, improvement, control and planning. The next meeting would look to change this report to look at learning especially in terms of never events and take a strategic look at safety.

From a learning disability outcome point of view work in North Cumbria was shared where improvements in the health action plans had been enhanced.

A comment was made if members would wish to see a summary report by area sitting behind this report in the future. The Chair reiterated the need to have the right information in the right format and not get lost in the detail.

RESOLVED: The report was received for information and assurance.

QSC/2022/12/28 Complaints Q2 Report

The report provided assurances that the ICB had fulfilled its statutory responsibilities regarding complaints management. The report also provided an overview of the issues raised in complaints/concerns during the quarter along with learning for the ICB following complaint investigations.

The KPIs for acknowledging and responding to complaints had all been met which was an encouraging picture.

It was acknowledged that from 1 April 2023 the ICB were taking over complaints for pharmacy, optomology and dental as well which may see a growth in complaints and concerns but also hopefully compliments.

RESOLVED: The report was received for assurance and information.

QSC/2022/12/29 Establishment of a Medicines Safety Committee

An update on how to minimise the harm from prescribed or purchased medicines to our population, so that they can live happier, healthier lives.

It was explained that each Foundation Trust was required to have a medicines safety officer which have an informal but functional network with good engagement between the Foundation Trusts, secondary care and the ICB. However, it does not provide assurance nor have a set workplan but does share best practice. There needed to be a better way to manage system wide risks and assurance to the ICB, to learn from themes and best practice.

The 4 asks of the committee were highlighted noting that it clearly sat under the oversight framework, to work innovatively and in line with the national context. To add members perspectives on ways of working.

Medicines can benefit the local population but can also to cause harm. Themes could include administration, the human factor and staffing which accounted for a large amount of hospital admissions especially in older people which could be preventable.

Innovation wise the group would like to feed in the patient voice and representation. The team had identified facilitation for this alongside senior sponsors and the membership.

Work was ongoing with different levels of responsibility, accountability and visibility.

The Chair explained that this committee cannot by statute formally approve the establishment of other committees but could recommend the formation of the Medicines Safety Committee to the ICB Board.

Action: DC and EM to take the recommendation of the committee off line and if approved to the ICB Board for formal ratification.

RESOLVED: The Committee approved the RECOMMENDATION of the formation of a Medicines Safety Committee to the ICB Board. For it to sit jointly under the Quality and Safety and Medicines Committees. To support the committee to work innovatively, in line with the national context. To help shape the formation of the committee by adding members' perspectives on membership and ways of working.

QSC/2022/12/30 Developing the ICB Safeguarding Strategy

The third NHS England Safeguarding accountability and assurance framework (SAAF) was published in July 2022

An overview into the steps of this important piece of work were given noting that the ICB needed to be held to account to deliver against its statutory functions including prevention and strategic workforce planning.

In order for the safeguarding arrangements to be effective they have to link to other strategic partnership work, they cannot work in isolation from a safeguarding point of view and must have robust arrangements in place.

The NENC safeguarding forum was being led by Louise Mason-Lodge with the membership now including all designated Doctors and GPs.

The terms of reference for a new Health and Safeguarding Executive Group had been developed which would report into this committee to provide expertise and leadership via strong partnership working.

The next steps were to develop a safeguarding strategy, to use data and intelligence to explain and drive practice improvements. To ensure a well-supported sustainable and skilled leadership team and to ensure that primary care were involved in this and to promote learning across the patch.

A question was raised as to where Local Authorities sit in regard to the plan. In response it was noted that safeguarding partnership arrangements were at place. The focus of this work and the strategy was to assure safeguarding partners as well as the ICB Board and NHS England that the safeguarding arrangements were in place.

A comment was made in relation to the terms of reference in that the strategic safeguarding lead should be the Director of Nursing with strategic lead on safeguarding and that co-opted attendees to be included.

The board approval process would be discussed once the terms of reference were completed..

QSC/2022/12/31 Quality Exception Report

This report provides an overview on a range of quality measures relating to providers across the North East and North Cumbria Integrated Care System (NENC ICS) and assurance that actions are taken, where appropriate

The report would be looked at to change the focus onto learning.

RESOLVED: Actions being undertaken are highlighted in the report. Further detailed actions available through local assurance processes, such as QRG meetings and serious incident panels.

QSC/2022/12/32 NENC Valproate Programme

To update the Committee on use of Sodium Valproate in people of childbearing potential across North East & North Cumbria Integrated Care Board. Plus

information on the Community Pharmacy Quality Scheme audit requirements 2022-23 on Valproate

This had been raised as a patient safety concern as a system wide process which was not working as well as should.

Across NENC there were 1583 people of child bearing potential that were prescribed valproate at present and could be at some type of risk. Half of these had been biologically excluded.

Of the coding in the GP practices only 12% across NENC had been coded as having this care package in place. There was variation across places although there were around 750/800 at risk with highly effective contraception required.

Various consultations were ongoing, the Regional Drug and Therapeutic Committee (RDTC) were currently taking comments taken on this. The team were looking at how to implement current guidance and also the project work based on data presented at this meeting.

A drug safety update had also revealed that the current measures were not working, it was proposed to enforce stricter measures next year.

A mandatory community pharmacy audit was taking place.

Assurance was given that the numbers were being reviewed and compliance with the care package was being monitored and reviewed.

A question was raised if there was an issue recording and coding. In response it was noted that this varied and was not straightforward and was not happening in practice for these patients. There needed to be some review on poor levels of compliance. A further question was raised if this information was available at place level as there were quality and improvement routes at place where this could be picked up.

It was explained that there were data variations in places but no area was outstanding. The first steps were to understand what percentage was a coding issue in terms of patient safety, A commitment was made to come back to this committee with further data and a better understanding of the data coding issues and the risk or perceived patient safety risk.

QSC/2022/12/33 Place Quality and Safety Group minutes

Durham minutes from 6 September 2022

North Cumbria minutes from 14 September 2022

North Tyneside minutes from 5 July 2022

North Tyneside minutes from 6 September 2022

Northumberland minutes from 19 July 2022

South Tyneside and Sunderland minutes from 9 August 2022

RESOLVED: The above minutes were received.

QSC/2022/12/34 System Quality Group minutes from 13 October 2022

RESOLVED: The minutes of the System Quality Group meeting were received.

QSC/2022/12/35 Quality Review Group minutes

Co Durham and Darlington NHS Foundation Trust minutes from 22 June 2022

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust minutes from 16 August 2022

Gateshead Health NHS Foundation Trust minutes from 6 September 2022

North East Ambulance Service minutes from 5 August 2022

Northumbria Healthcare NHS Foundation Trust minutes from 9 August 2022

Newcastle upon Tyne Hospitals NHS Foundation Trust minutes from 4 August 2022

Maternity Quality Group minutes from 30 August 2022

RESOLVED: The above minutes were received.

QSC/2022/12/36/ Any other business

There was no other business.

QSC/2022/12/37 Reflection on meeting process/content

Concerns were raised if enough time had been scheduled to give a full and balanced discussion on agenda items.

Opposing responses were received these were noted below:

- Agreed more time required
- Sufficient time allotted as reports received far enough in advance to read and digest. To ensure discussion was gained from the information in the reports and not to read the whole report at the meeting.
- Reports were well planned out, take time to read the papers with purpose – have to be focussed on agenda items and not what goes on behind the scenes.
- The reports cover everything off – to ensure quality covered.

It was agreed to extend the meeting to 2.5hrs with the proviso that if a confidential section was required it would extend to 3hrs.

QSC/2022/12/38 Date and time of next meeting

Thursday 16 February 2023 at 10.00am.

Signed:

Eileen H. S. Kaner

Date: 16.02.23