

| REPORT CLASSIFICATION | ✓ | CATEGORY OF PAPER | ✓ |
|--|--|--------------------------|---|
| Official | X | Proposes specific action | |
| Official: Sensitive Commercial | | Provides assurance | X |
| Official: Sensitive Personal | | For information only | |
| BOARD | | | |
| 28 March 2023 | | | |
| Report Title: | Highlight report from the Quality and Safety Committee held on the 16 February 2023 | | |
| Purpose of report | | | |
| To provide the Board with an overview of the discussions at the meeting of the Quality and Safety Committee held in February 2023. | | | |
| Key points | | | |
| The Committee considered a number of issues and supporting papers including: <ul style="list-style-type: none"> • Storyteller Protocol • Sub committee proposals and terms of reference for consideration • Risk reporting and top risks • Maternity, Clinical Negligence Scheme for Trusts • Reflections on ICB development session with Bill Kirkup • Flu update | | | |
| Risks and issues | | | |
| The Committee will continue to receive and review the corporate risks aligned to the quality and safety portfolio to provide assurance to the Board that the quality and safety risks contained within the corporate risk register reflect the current environment. | | | |
| Assurances | | | |
| The clinical quality exception report and other supporting reports provide the Committee with a range of data and assurance sources. | | | |
| Recommendation/action required | | | |
| The Board are asked to note the Quality and Safety Committee highlight report for February 2023. | | | |

| Acronyms and abbreviations explained | | | | | | |
|---|--|--|----|---|-----|---|
| N/A | | | | | | |
| Executive Committee Approval | N/A | | | | | |
| Sponsor/approving executive director | Eileen Kaner, Chair of the Quality and Safety Committee and Non-Exec Director | | | | | |
| Report author | Neil Hawkins, Head of Corporate Affairs | | | | | |
| Link to ICB corporate aims (please tick all that apply) | | | | | | |
| CA1: Improve outcomes in population health and healthcare | | | | | | X |
| CA2: tackle inequalities in outcomes, experience and access | | | | | | X |
| CA3: Enhance productivity and value for money | | | | | | X |
| CA4: Help the NHS support broader social and economic development | | | | | | X |
| Relevant legal/statutory issues | | | | | | |
| Health and Care Act 2022 | | | | | | |
| Any potential/actual conflicts of interest associated with the paper? (please tick) | Yes | | No | X | N/A | |
| If yes, please specify | | | | | | |
| Equality analysis completed (please tick) | Yes | | No | | N/A | X |
| If there is an expected impact on patient outcomes and/or experience, has a quality impact assessment been undertaken? (please tick) | Yes | | No | | N/A | X |
| Key implications | | | | | | |
| Are additional resources required? | None at this stage. | | | | | |
| Has there been/does there need to be appropriate clinical involvement? | Appropriate clinical representation within the membership of the Committee. Terms of reference to include representation from Nursing Directors and Medical Directors. | | | | | |
| Has there been/does there need to be any patient and public involvement? | N/A | | | | | |
| Has there been/does there need to be partner and/or other stakeholder engagement? | N/A | | | | | |

Quality and Safety Committee highlight report – February 2023

Summary report

The Quality and Safety Committee, Chaired by Eileen Kaner, met on the 16 February 2023 and considered a number of issues and supporting papers including:

Storyteller protocol and involvement and experience update – the Committee was provided with an update on the proposed protocol to capture patient and carer's lived experiences of the ICB's commissioned services, as well as its initial implementation. Specific consideration has been given to the need to widen the scope, ensuring we are listening to staff perspectives and those able to represent communities across our geography (instead of purely individual patient stories). To reflect this, the name of the process has been changed from patient stories to storyteller.

A section has also been enhanced around ensuring people follow individual organisation's complaints procedures. An initial communication plan has also been developed with the ICB communications team. To support this work, key messaging and communication materials are also being developed and pre-tested. There was some concern about whether the term story telling could be confused with whistle-blowing or perceived as trivializing experiences – hence the need to check this with members of the public.

Terms of reference – the Committee considered the current terms of reference and agreed that further discussions and work would be required to refine the membership of the Committee. The membership of the Committee has been reviewed in light of planned sub-committee arrangements and to ensure the size of the Committee allows for good discussion and decision making. The Committee recommends to the ICB Board the establishment of the below sub-committees:

- NENC Integrated Care System Safeguarding Health Executive Group: Children, Adults and Cared for Children Sub Committee
- Quality and safety sub-committee (Area) (x4) – four sub committees covering the four geographic areas within the ICB - North Cumbria; North Area (Northumberland, North Tyneside, Newcastle and Gateshead), Central Area (Sunderland, South Tyneside and County Durham) and Tees Valley Area (Darlington, Hartlepool, Redcar & Cleveland, Middlesbrough and Stockton).
- Antimicrobial Resistance (AMR) and Healthcare Associated Infection (HCAI) sub committee

The terms of reference for the sub-committees have been included in the updated Governance Handbook which is being presented to the Board for approval in March.

Risk register – The Committee received the risk register report containing risks within the ICB corporate risk register that align to the Quality and Safety Committee. Six new risks were noted and reviewed. One further new risk was proposed for consideration by the Committee concerning identifying suitable placements for patients with complex learning disabilities and meeting targets concerning a reduction in in-patient bed capacity. The Committee agreed the proposed risk should be added to the risk register but the scope of the risk widened. The NECS risk team will work with the Director of Nursing (North) to capture the new risk and arrange for it to be added to the risk register.

Directors of Nursing – top three risks – The Directors of Nursing ran through a brief presentation outlining the current top three risks within each of the four geographical areas within the ICB. Themes included: workforce capacity in health and social care; continuing health care

(CHC) capacity and the fragility of the domiciliary care market; significant pressures across health and social care system resulting in pressures on Emergency Depts and ambulance waits.

Maternity, Clinical Negligence Scheme for Trusts - The ICB has the responsibility to confirm the eight Maternity providers' self-declaration for the Clinical Negligence Scheme for Trusts. Four of the Trusts are declaring full compliance and four not. There was some concern about scope for subjectivity in reporting. The Committee considered a report which highlighted the key areas of non-compliance and the process the Local Maternity and Neonatal System is following to support the Trusts. A number of Trusts nationally have had to payback premiums due to false declarations to their Boards. The ICB held a session with all providers and used local intelligence and data to assure the Trusts declared an accurate position.

Reflections on ICB development session with Bill Kirkup – Hannah Bows (vice chair) led a brief discussion with some reflections from the ICB Board development session with Bill Kirkup, which took place earlier in the month. Many of the Committee members attended the session and all agreed it was a very moving presentation. Three key points/take-away messages from the session were flagged:

1. Data – how do we address the lack of outcome data (beyond live birth or not) to help identify issues early?
2. Information/feedback from service users – how do we find out what we don't know? We can't rely only on formal complaints. Many people may have difficult experiences but don't complain. How do we capture that?
3. Culture – how can we identify problems at an early stage and challenge poor attitudes or practice (across clinical disciplines or differing level of seniority)?

It was suggested that a deeper dive process was required to move from what is known from elsewhere, to establish specific actions to ensure respectful, safe maternity practice across all relevant providers and differing maternal population sub-groups in NENC.

Update briefing – 2022/23 flu vaccination and forward view 2023/24 – Dr Neil O'Brien, ICB Medical Director took the Committee through a brief presentation concerning the flu vaccination program for this year, including some of the achievements of note and challenges. Planning for 23/24 is underway with a focus on:

- Pregnant women
- 2 and 3 year-olds
- New data and behavioural insights – from ICB inequalities funding
- Pharmacy focus
- New contract for school age providers from 1 Sept 2023
- Data flows and intelligence improvements
- Formalised plan ready by end of July